Statewide IN-Home Services

2002

Annual Report

July 1, 2001 - June 30, 2002

Submitted in accordance with IC 12-10-10-11, IC 12-10-3-30, IC 12-11-13-13, and IC 12-10-4-5.

Contents

Introduction

Under the direction of Governor Frank O'Bannon, the Division of Disability, Aging, and Rehabilitative Services (DDARS) within the Indiana Family and Social Services Administration (FSSA) administers in-home services and community-based programs for older adults and persons of all ages with disabilities. The Bureau of Aging and In-Home Services (BAIHS) contracts with a statewide network of sixteen Area Agencies on Aging (AAA) which are the single point of entry for community-based long-term care services for these populations.

One such program is the Community and Home Options to Institutional Care for the Elderly and Disabled (CHOICE) Program. The CHOICE Program was established during the 1987 legislative session through House Enrolled Act (HEA) 1094 and began as a pilot program in Knox, Daviess, and Tippecanoe counties in 1988. The program went through several expansions that resulted in services to all of Indiana's 92 counties in 1992. CHOICE continues to receive very positive reviews for providing consumer choice and a wide array of in-home services aimed at maintaining maximum independence.

The Need for In-Home, Community-Based and Protective Services

There are estimated to be more than 988,000 people in Indiana over age 60 according to the United States Census Bureau, and more than 291,000 of them experience some limitation in two or more "activities of daily living" such as bathing, dressing, or walking. Additionally, there are more than 559,000 Hoosiers below age 65 who also experience some limitation in these activities. (*Census 2000: US Census Bureau)*

FSSA recognizes that older persons and persons with disabilities prefer to maintain their independence and privacy as long as possible. The In-Home Services and Community-Based and Protective Services Programs of DDARS provide high quality, cost effective, and accessible services to meet the growing needs for Indiana citizens. The program goals include:

- Allowing older adults and persons of all ages with disabilities the option to live independently in their own homes.
- Providing an array of services aimed at preventing premature or inappropriate institutionalization.
- Consolidating/coordinating services.
- Enabling AAAs to serve as gatekeepers and service brokers.
- Accessing services from all available sources.
- Improving the quality of life of families and children with an emphasis on seniors and persons with disabilities.

Demographic trends also support the need for statewide in-home, community-based, and protective services. According to the U.S. Department of Health and Human Services, 76 million Americans will retire in the first half of this decade. This represents one of the most important social policy challenges facing the country for the next three decades.

The IN-Home Services Program offers viable options to meet the growing demand.

Continuum of Care - Services Along the Way

BAIHS, through the AAA network, provides services that are integrated and coordinated. This is accomplished by service delivery planning that looks at a continuum of human needs from complete independence through increasing degrees of dependency.

In-Home and Community-Based Programs

The Family and Social Services Administration (FSSA) implemented the Statewide IN-Home Services Program in July 1992. The Area Agency on Aging (AAA) case management system provides a single point of entry which consolidates many programs. This makes services accessible for individuals and families through a coordinated and integrated approach.

In-home services include home health services, homemaker, attendant care, respite care, adult day services, transportation, home delivered meals, habilitation, therapies and other appropriate services such as minor home modifications and adaptive aids. The program brings together funding from the Community and Home Options to Institutional Care for the Elderly and Disabled (CHOICE) Program, Title III of the Older Americans Act, the Social Services Block Grant (SSBG), the Older Hoosiers Account, seven Home and Community-Based Medicaid Waivers, the United States Department of Agriculture (USDA) Meals Program, and local and private funds.

In addition to in-home services, the Division of Disability, Aging, and Rehabilitative Services (DDARS) coordinates an additional range of community-based and protective services including congregate meals, information and referral, legal services, ombudsman, preventive health services, adult protective services, adult guardianship, senior employment, pre-admission screening and annual resident review, Residential Care Assistance Program (RCAP), formerly called Room and Board Assistance (RBA) and Assistance to Residents in County Homes (ARCH), and money management and representative payee programs.

The IN-Home Services Program, the Community-Based Programs, and Protective Services Programs continue to serve as models for service delivery in the provision of a comprehensive, coordinated, and integrated alternative to institutionalization. Indiana's program is especially appealing because of its innovative approach to serving older adults and persons of all ages with disabilities with a single point of entry, its cost share provision, and its focus on the entire family.

In 1998, the National Governor's Association recognized Indiana for its interagency collaboration and innovations in preparing for the aging baby boomers. Two strengths of Indiana's approach cited were "the authority given to care managers to blend funds for home care and the decentralization of power across Indiana's sixteen Area Agencies on Aging". *(Transitions: States Prepare for the Aging of America: Jeanette M. Herick, Ph.D., 1997)*

CHOICE

To be eligible for CHOICE Program services, an individual must be a resident of Indiana, age 60 years of age or older, or of any age with disabilities and unable to perform two or more activities of daily living as determined by an assessment using the Long Term Care Services Eligibility Screen.

The CHOICE Program served 12,728 persons in State Fiscal Year (SFY) 2002. Information concerning persons served through the CHOICE Program is shown in the charts on pages 8 and 9.

Medicaid Waivers

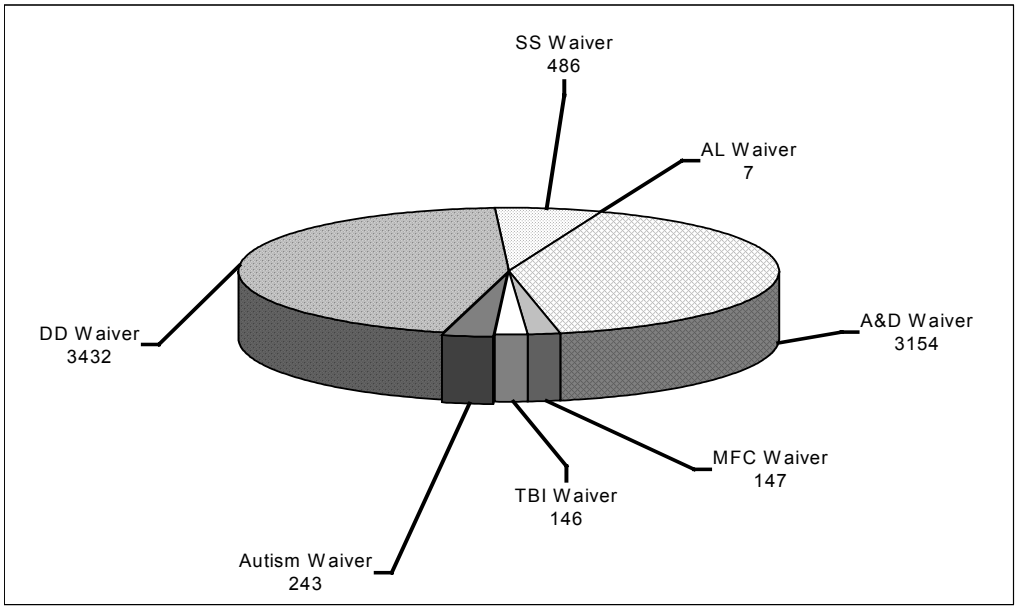
Medicaid Waivers allow Indiana to provide a variety of in-home and community-based services to individuals who would otherwise require the level of care provided in an institutional setting. The seven Medicaid Waivers administered by

DDARS are:

- The Aged and Disabled Waiver serves individuals who meet the Medicaid guidelines and are either 65 years of age or have disabilities. Individuals served by this waiver must meet level of care standards of a skilled or intermediate nursing facility.
- The Autism Waiver serves individuals with a diagnosis of autism who meet an intermediate care facility for mental retardation (ICF/MR) level of care.
- The Medically Fragile Children Waiver serves children under 18 years of age who are in need of significant medical services, including those who are technologically dependent. Recipients of these services meet either skilled nursing facility level of care or hospital level of care.
- The Traumatic Brain Injury Waiver serves persons who have suffered injuries to the brain including closed or open head injuries. Services under this waiver were implemented in March 2000.
- The Home and Community-Based Waiver for Persons with Developmental Disabilities (DD Waiver) offers services (including residential services) that support individuals with developmental disabilites who choose to receive community-based care as an alternative to care in an ICF/MR. This waiver program offers comparable services to Indiana's original "ICF/MR" waiver, as well as additional services which allow more opportunities for individuals to participate in a greater variety of community activites.
- The Support Services Waiver, which began April 1, 2002, supports individuals with developmental disabilites, who are in need of ICF/MR level of services, but choose to remain in the community. This waiver differs from Indiana's DD Waiver by offering an annual "allowance" of home and community-based services needed primarily by individuals who are living at home with their families or other informal caregiver.
- The Assisted Living Waiver provides services to individuals age 18 and over, who meet nursing home level of care, but choose to receive care in an assisted Living Facility.

These seven Medicaid Waivers served a combined total of 7,615 individuals in SFY 2002. Information concerning persons served through these waivers is shown in the following charts.

Persons Served Under Medicaid Waivers



In-Home vs. Institutional Cost

Average CHOICE Costs Compared to Medicaid Nursing Facility Case Mix Average Rate*

	Average CHOICE Cost	Nursing Facility Case Mix Average Rate
DAILY	**Total**	
State Share	$18.26	$38.74
Federal Share	-0-	$ 62.34
TOTAL	$18.26	$102.80
MONTHLY		
State Share	$555.80	$1,162.34
Federal Share	-0-	$1,900.06
TOTAL	$555.80	$3,062.40
ANNUALLY		
State Share	$6,669.60	$13,949.84
Federal Share	-0-	$22,798.96
TOTAL	$6,669.60	$36,748.80

* Total is a weighted average based on percentage of all elderly and disabled recipients and length of service.

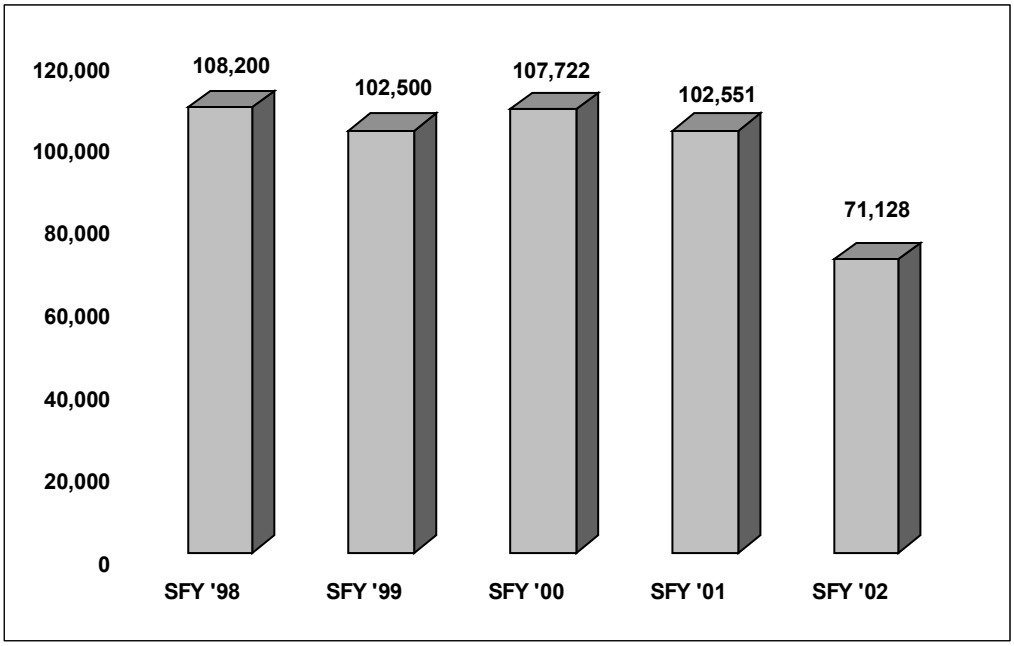
The State share of the total Medicaid cost is 37.96%. Federal funding provides the remainder.

Average Cost Per Month Per Medicaid Waiver

Aged & Disabled Waiver	Medically Fragile Children's Waiver	Tramatic Brain Injury Waiver	Assisted Living Waiver	Autism Waiver	Developmentally Disabled Waiver	Support Services Waiver
$644.02	$870.44	$1,589.19	$1,177.02	$2,733.90	$4,092.43	$933.76

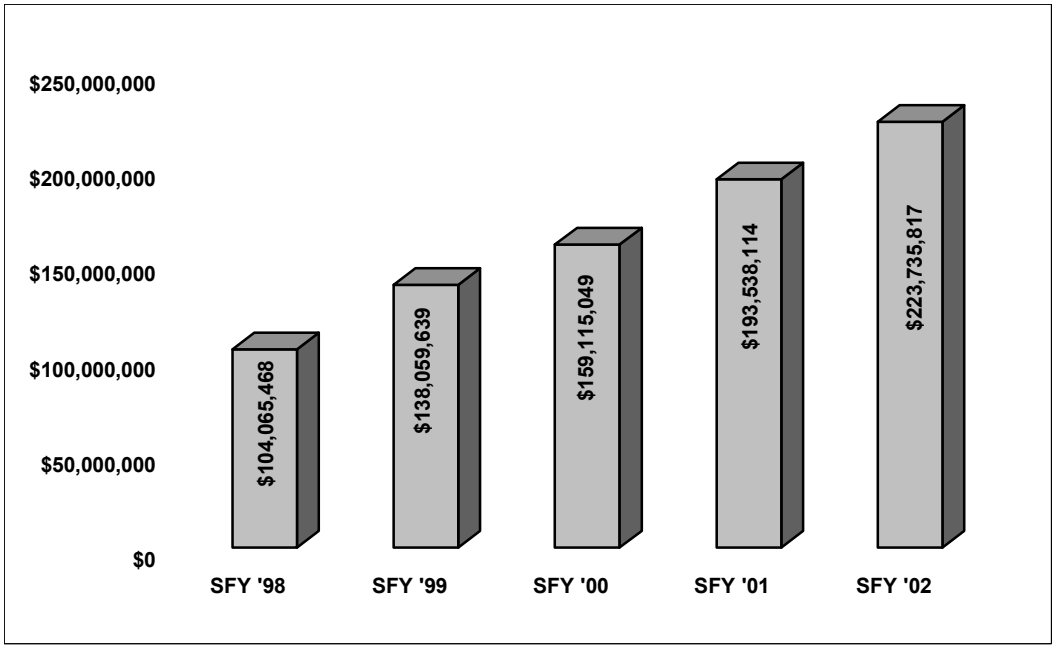
Total is a weighted average based on percentage of all elderly and disbled recipients and length of service.
The Support Services Waiver began providing services in April 2002.

IN-Home Services Summary Charts
Total Persons Served*



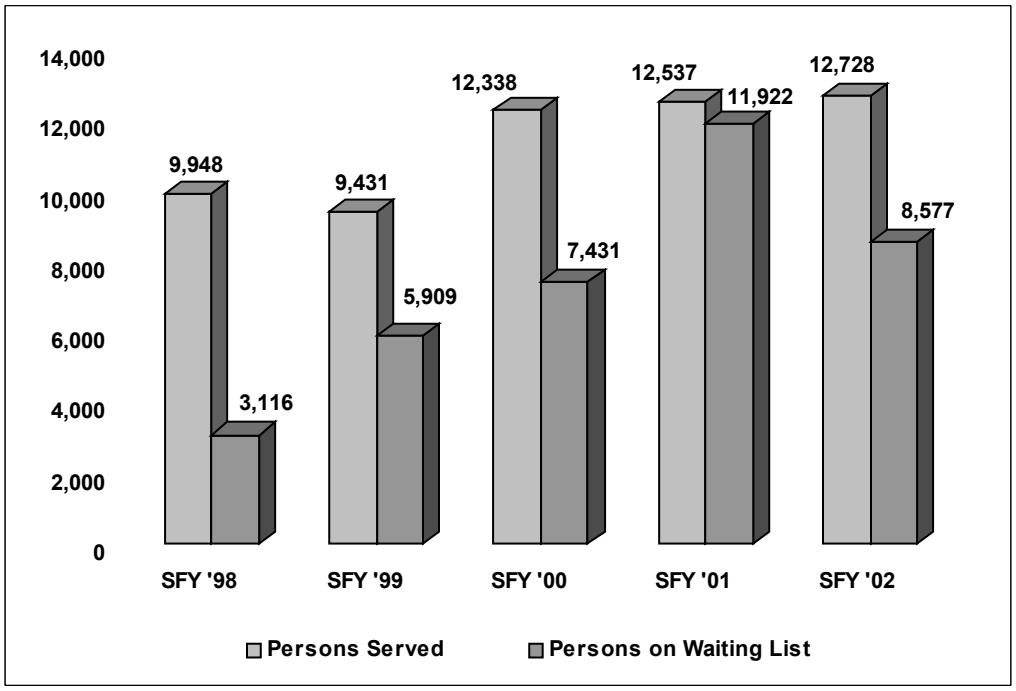
*Includes CHOICE, SSBG, Title III, Medicaid Waivers

Total Expenditures*

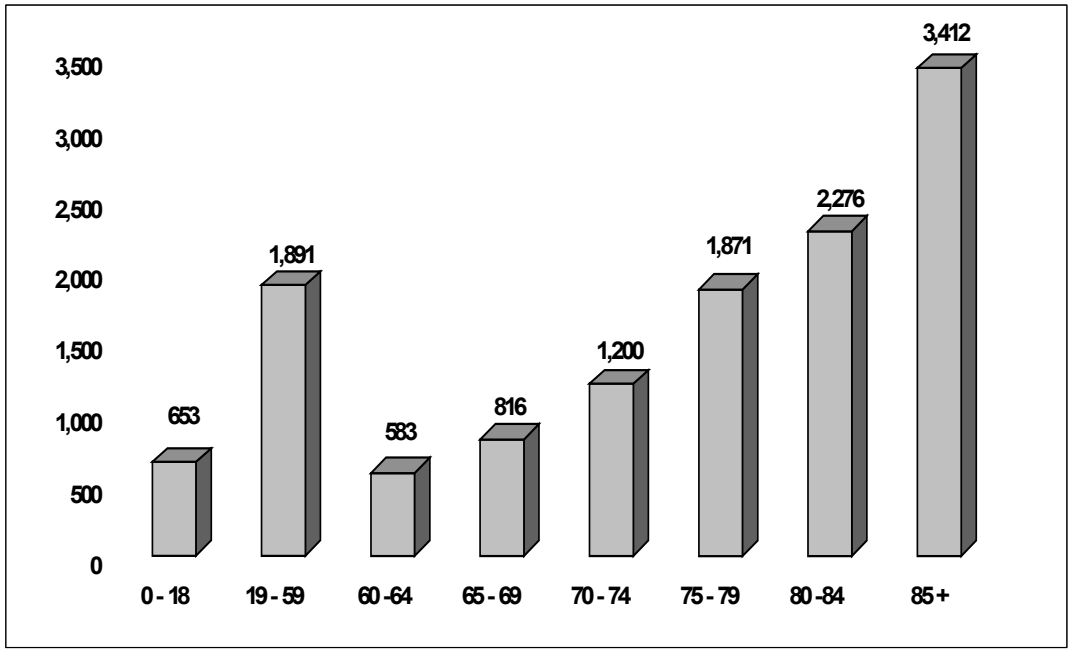


*Includes CHOICE, SSBG, Title III, Medicaid Waivers

Persons Served by Community and Home Options to Institutional Care for the Elderly and Disabled (CHOICE) vs. Persons on Waiting List

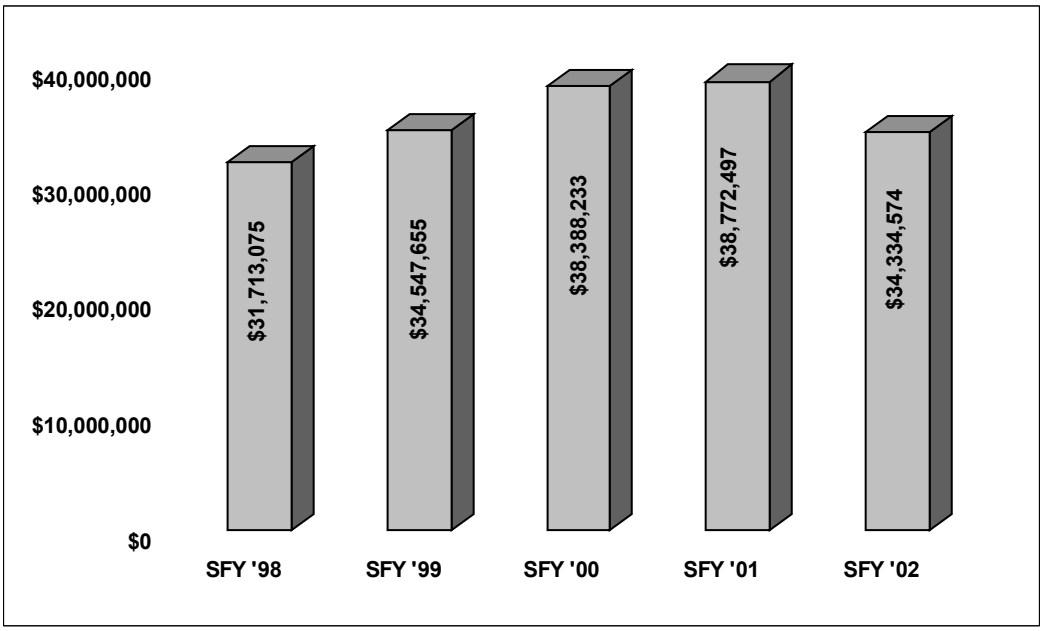


Ages of Persons Served by CHOICE in SFY '02

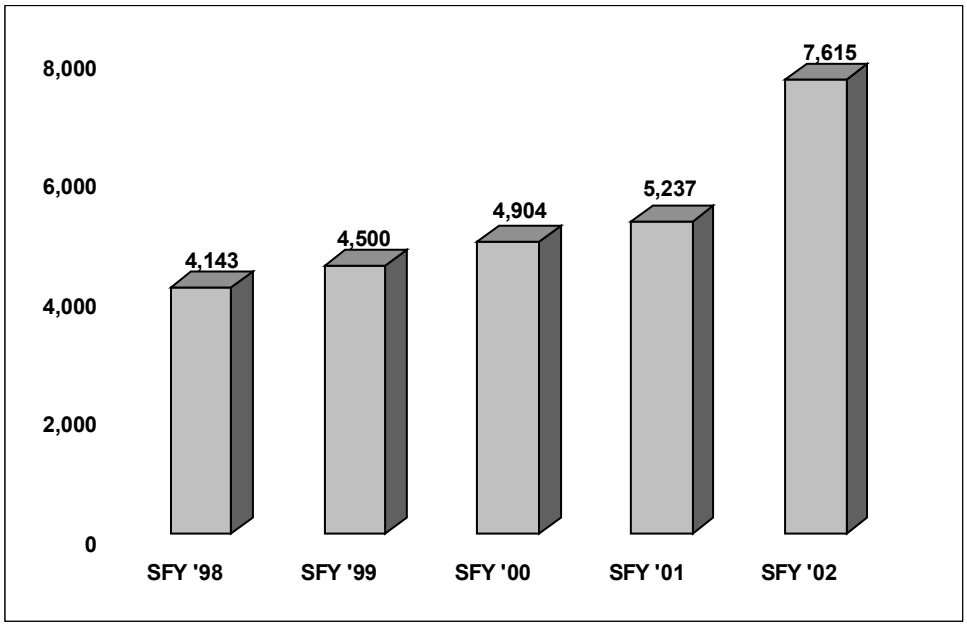


Twenty-six (26) persons served reported no gender.

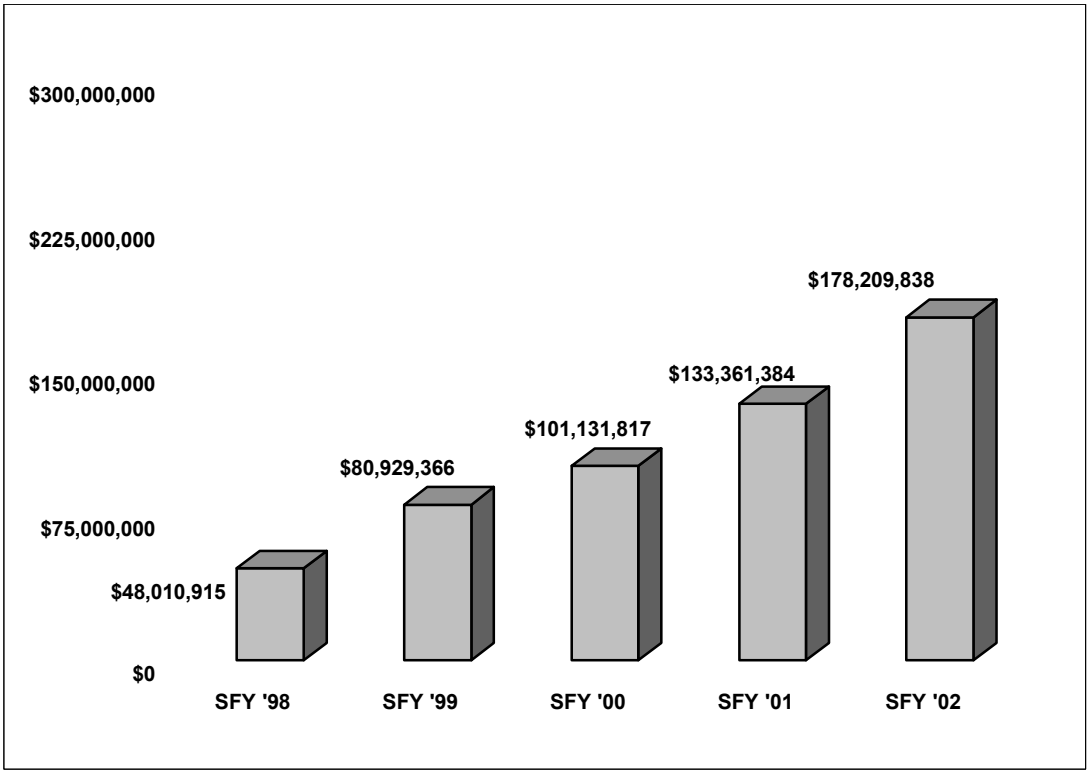
CHOICE - Trend of Annual Expenditures



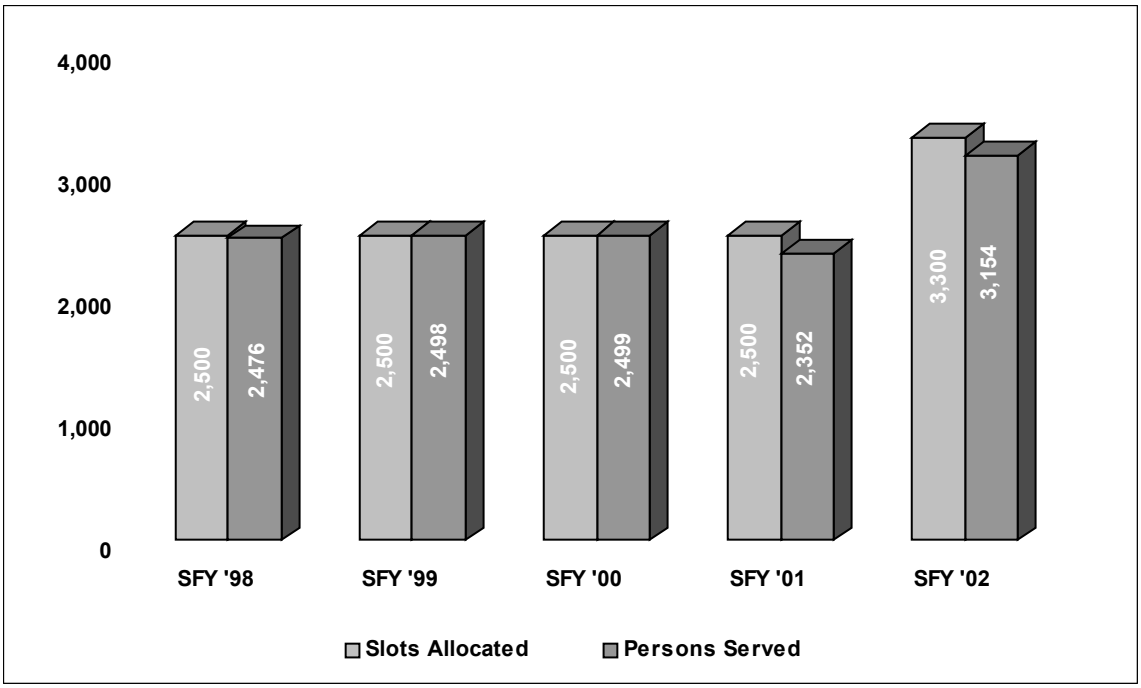
Combined Home and Community-Based Waivers
Persons Served Per Year



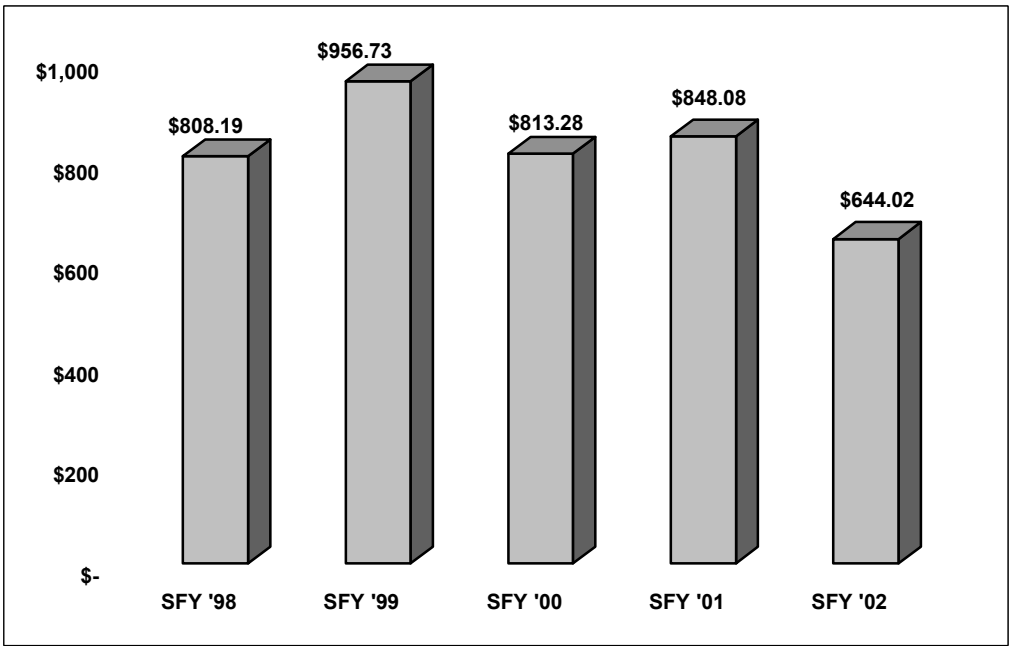
Combined Home and Community-Based Waivers
Trend of Annual Expenditures



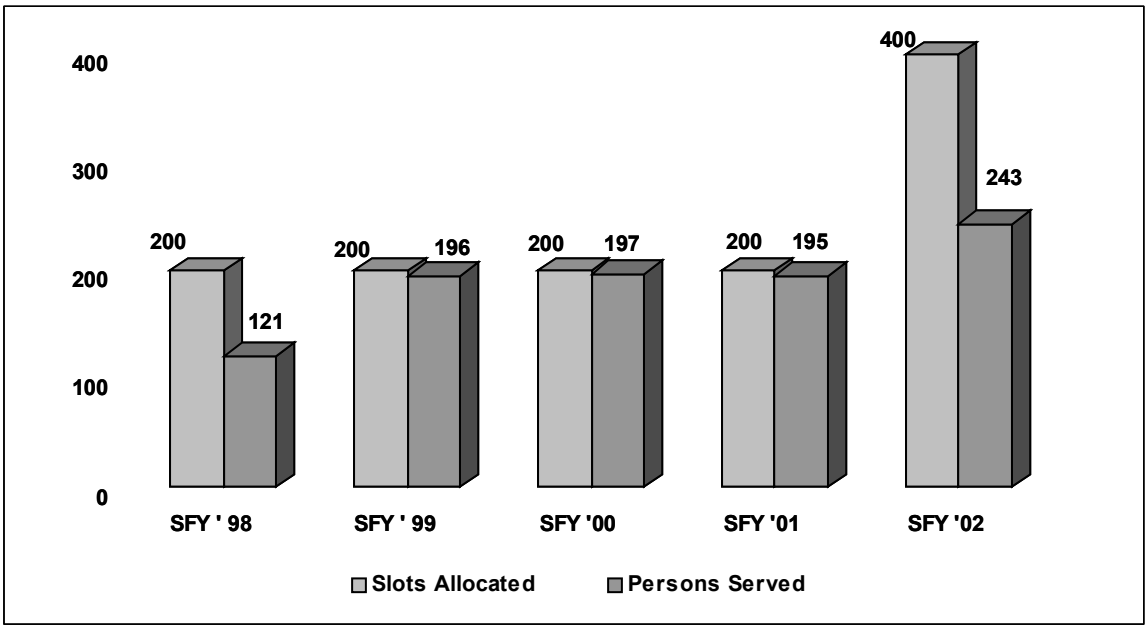
Aged and Disabled Home and Community-Based Medicaid Waiver
Persons Served and Slots Allocated



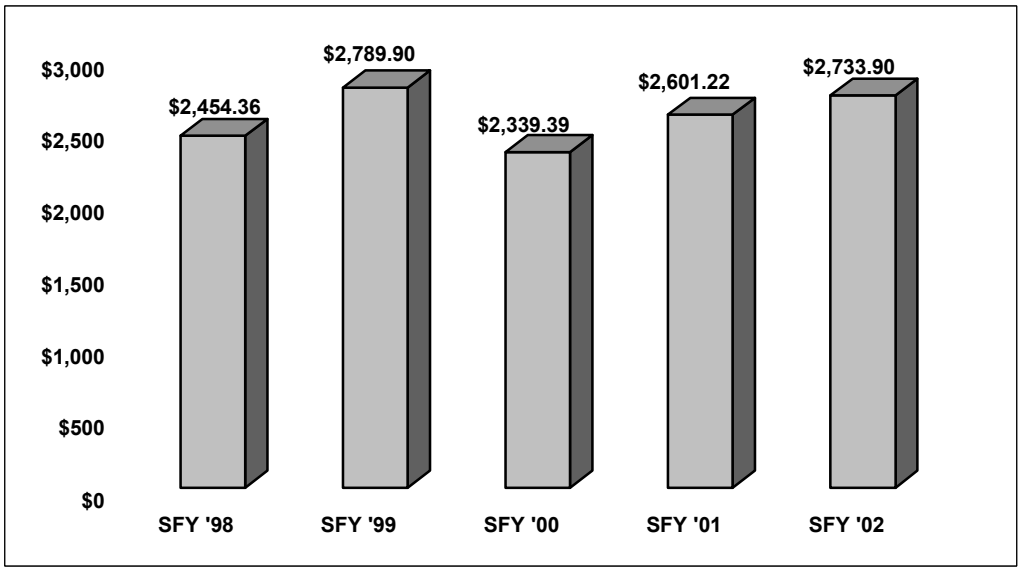
Aged and Disabled Home and Community-Based Medicaid Waiver
Average Monthly Expenditures



Autism Home and Community-Based Medicaid Waiver
Persons Served and Slots Allocated

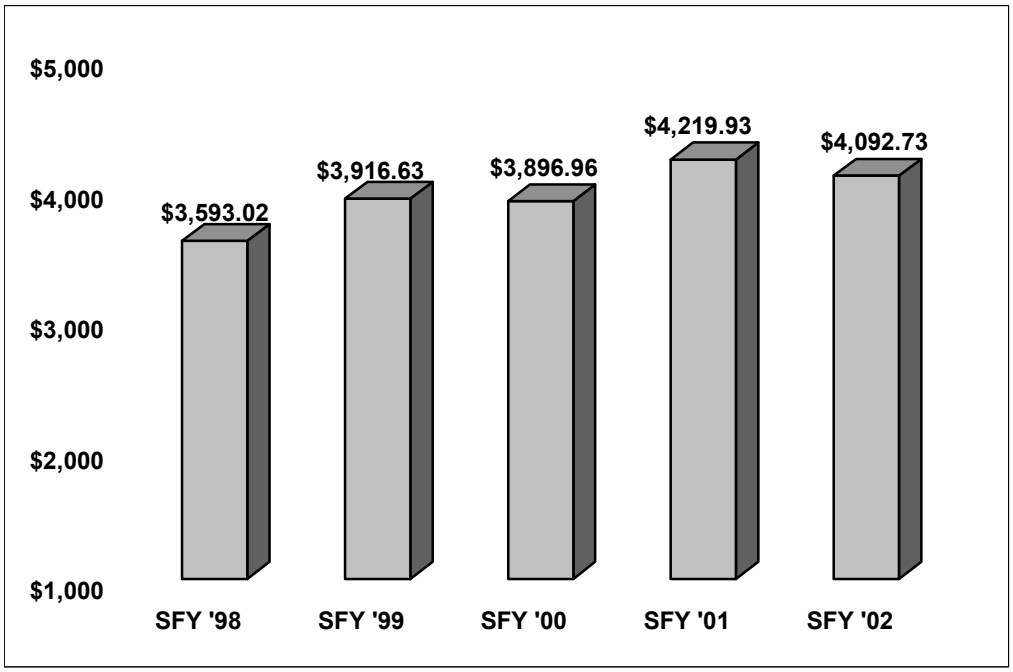


Autism Home and Community-Based Medicaid Waiver
Monthly Expenditures



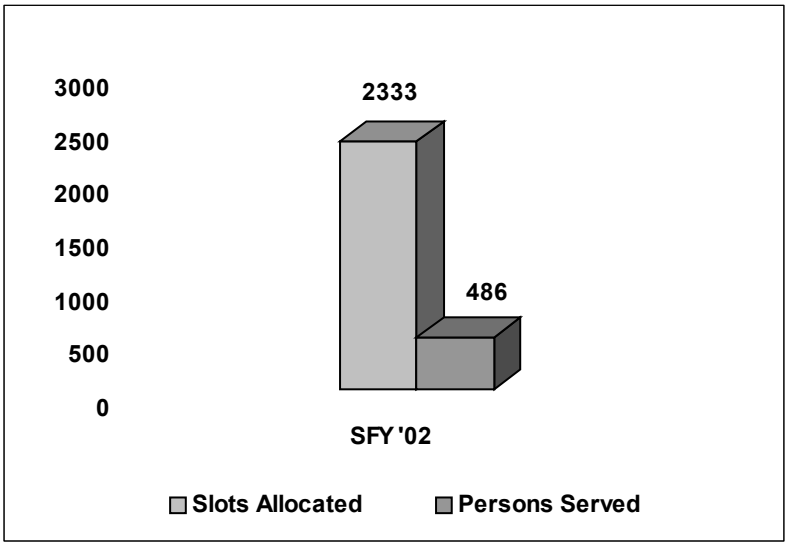
Developmentally Disabled Home and Community-Based Medicaid Waiver Persons Served and Slots Allocated

Developmentally Disabled Home and Community-Based Medicaid Waiver Monthly Expenditures



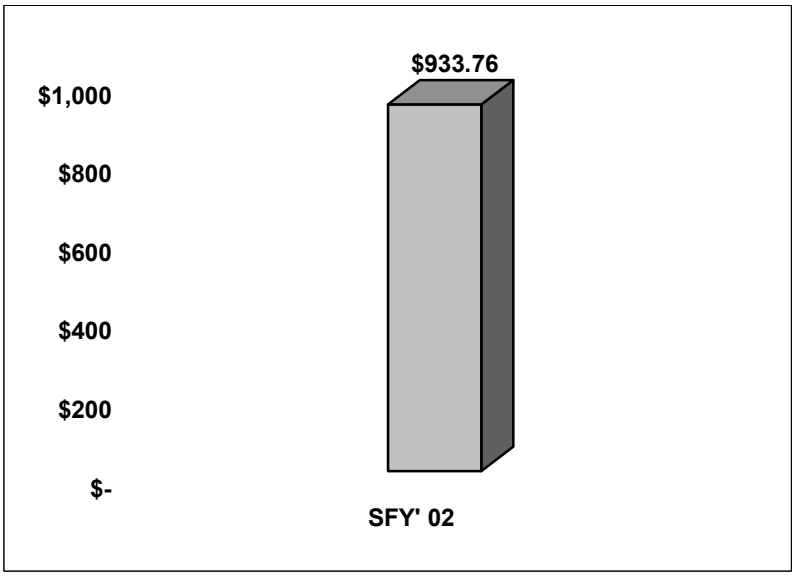
The Develomentally Diabled Home and Community-BasedMedicaid Waiver was previously known as the ICFMR Medicaid Waiver. This change became effective October 1, 2001.

Support Services Home and Community-Based Medicaid Waiver Persons Served and Slots Allocated



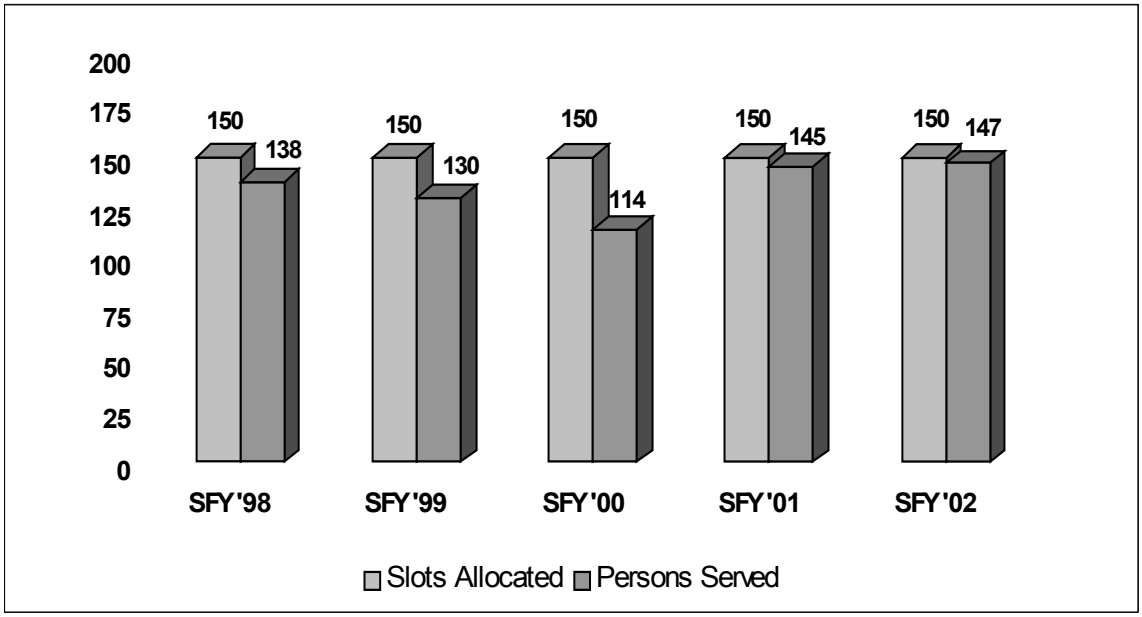
The Support Services Home and Community-Based Medicaid Waiver began April 1, 2002.

Support Services Home and Community-Based Medicaid Waiver Monthly Expenditures

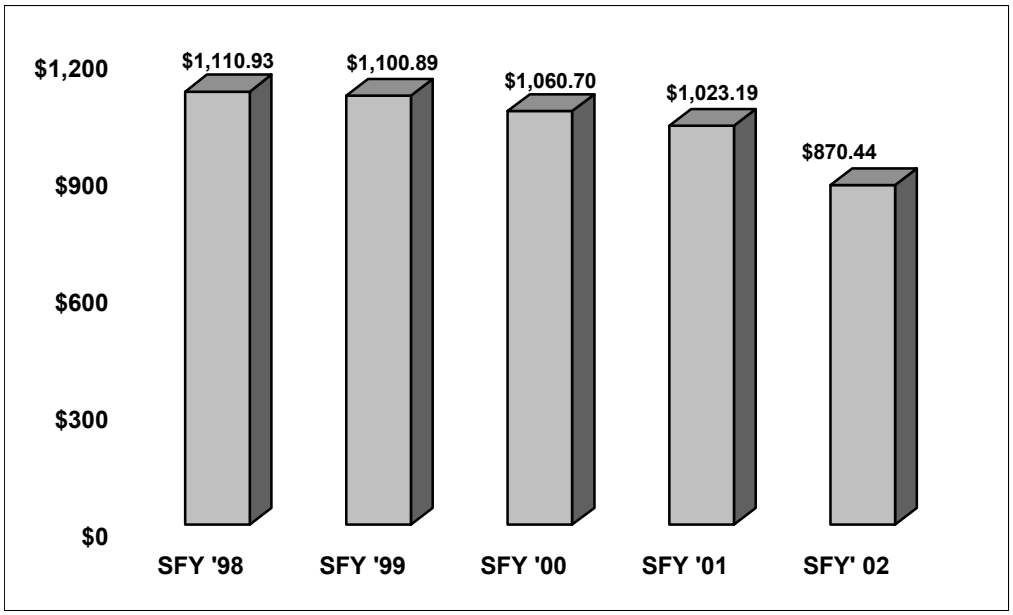


The Support Services Home and Community-Based Medicaid Waiver began April 1, 2002.

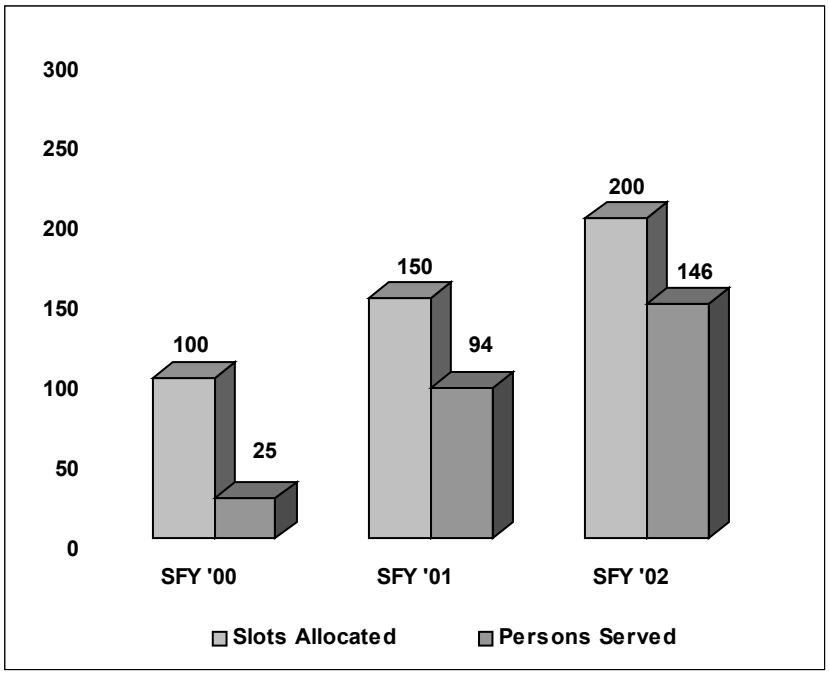
Medically Fragile Children Home and Community-Based Medicaid Waiver Persons Served and Slots Allocated



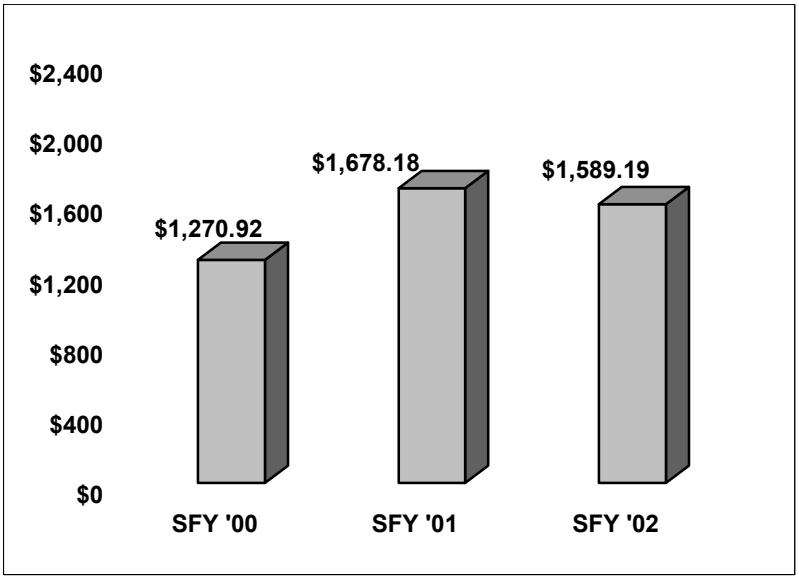
Medically Fragile Children Home and Community-Based Medicaid Waiver Monthly Expenditures



Traumatic Brain Injury Home and Community-Based Medicaid Waiver Persons Served and Slots Allocated



Tramatic Brain Injury Home and Community-Based Medicaid Waiver Monthly Expenditures



The Traumatic Brain Injury Home and Community-Based Waiver began services in March 2000, operating on a calendar year. Data for SFY '00 includes only a three month period.

Adult Guardianship Services

History

State law established the Adult Guardianship Services Program (AGS) in 1988. In the fall of 1990, services were provided to residents of Madison State Hospital and Ft. Wayne State Developmental Center. In 1994, services were expanded to eligible residents of the State Developmental Centers at New Castle and Muscatatuck, and to former residents of Central State Hospital who moved to community settings.

Purpose

The AGS program was established to provide full guardianships, limited guardianships, and less restrictive alternative services to indigent, incapacitated adults who are unable to care for themselves and/or manage their own affairs without assistance, or who have a developmental disability as defined by IC 12-10-7. Related to this program is the Money Management Program (MMP), which provides for a representative payee to handle an individual's federal benefits and to provide assistance with budgeting and financial matters.

Outcome

The desired outcome is to provide residents and former residents of State Developmental Centers or state-operated facilities with ICF/MR units, and former residents of Central State Hospital, and others who are eligible with guardianships or less restrictive alternative services.

Accomplishments

The AGS Program served 295 individuals in SFY 2002. The clients of the program have a physical disability, a mental impairment, or both.

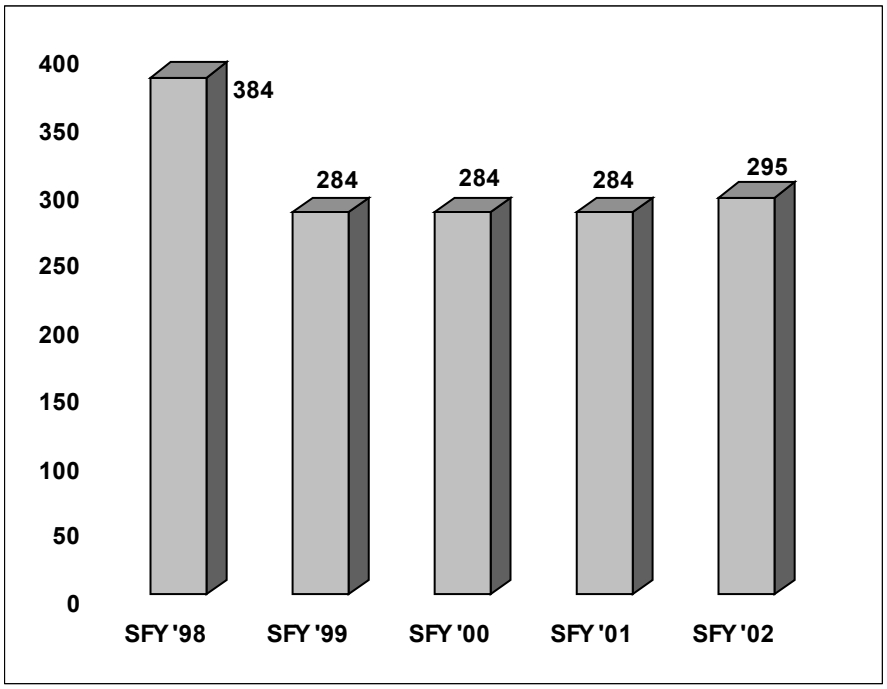
Funding

The program expended $335,920 total funds in SFY 2002.

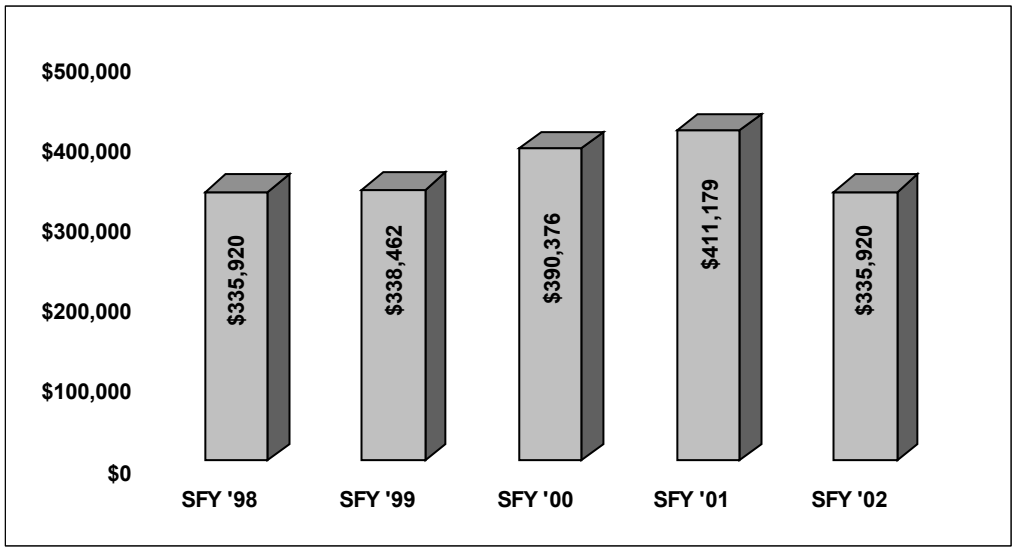
Eligibility

The eligibility criteria for services through the AGS Program are that an individual must be at least 18 years of age, a current resident in a state-operated facility, or a former resident of such institutions who has moved into a community setting, and is indigent. The individual must be incapacitated, have no appropriate person to serve as guardian, and have a demonstrated inability to obtain privately provided guardianship services.

Adult Guardianship Services Program
Persons Served Per Year*



Adult Guardianship Services Program
Trend of Annual Expenditures*



* Persons served per year reflects Adult Guardianship services that are funded with multiple resources, while trend of annual expenditures reflects only state funding. The reductions in persons served per year is primarily a function of changes in non-state funding, as state funding has increased in recent years.

Adult Protective Services

History

The Adult Protective Services (APS) Program was established in 1985. Adult Protective Services Units were established throughout Indiana to investigate reports of abuse, neglect, or exploitation, and to assist in obtaining protective services for endangered adults. The Indiana Prosecuting Attorneys Council was asked to assume functional control of the program and establish geographical boundaries. Full-time investigators operate out of 18 central offices throughout the state. Historically, reported cases of suspected adult endangerment have increased approximately 10% each year, until SFY '00 when the increase reached 41%.

Purpose

The purpose of this program (IC 12-10-3) is to provide protection to adults who are endangered by abuse, neglect, or exploitation. The law defines "endangered adults" as individuals at least 18 years of age, incapable of caring for themselves, and being abused, neglected or exploited.

Outcome

The desired outcome is to investigate and resolve reports of suspected adult endangerment. When the report is confirmed, APS strives to provide the least restrictive form of intervention necessary to relieve the endangerment.

Accomplishments

In SFY 2002, a total of 12,894 reports of abuse, neglect, or exploitation were investigated by APS. Intervention ranged from referral to a social service agency to court ordered protection of endangered citizens. A 24-hour hotline is maintained to serve as a clearinghouse for reports. A series of on-going in-service trainings was provided to the investigators.

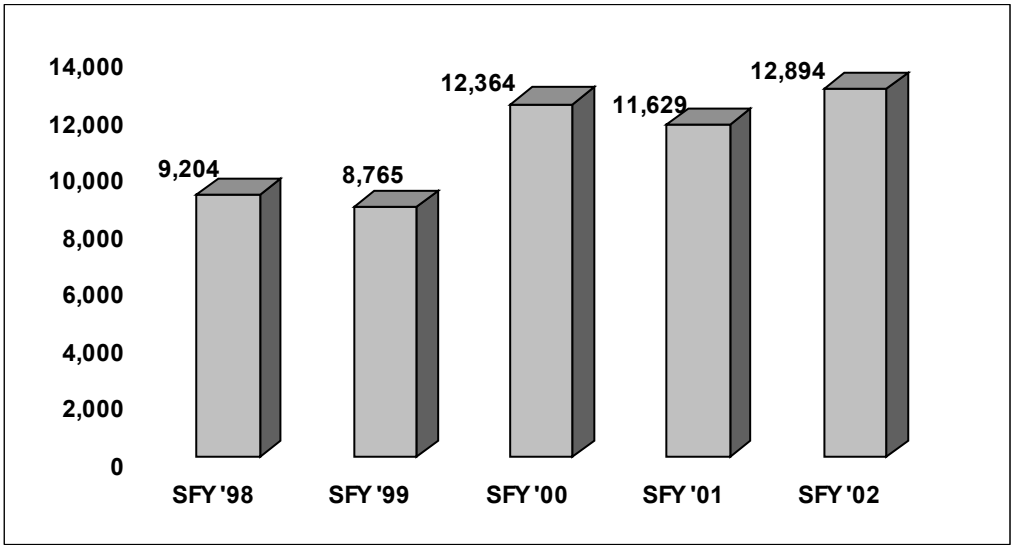
Funding

The program expended $2,174,000 in total funds in SFY 2002.

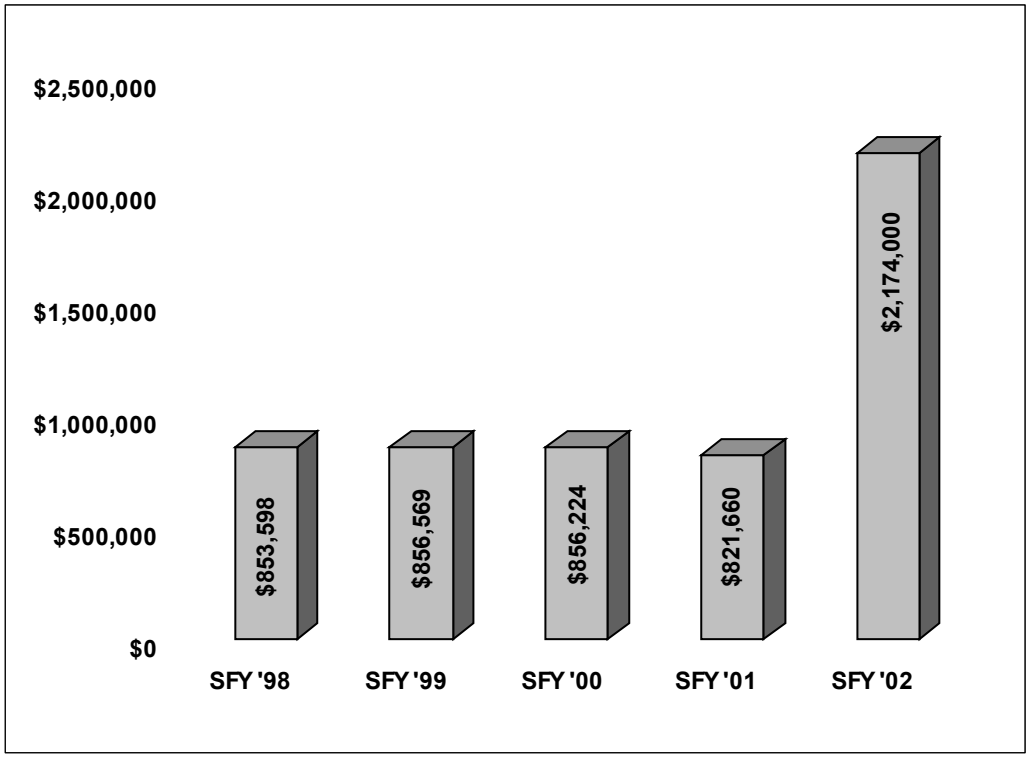
Eligibility

The eligibility criteria are for the individual to be a resident of the state of Indiana, 18 years of age or older, either physically or mentally incapacitated and reported as abused, neglected or exploited.

Adult Protective Services
Persons Served Per Year



Adult Protective Services
Trend of Annual Expenditures



Governor's Task Force on Alzheimer's Disease and Related Senile Dementia

History

The Indiana Governor's Task Force on Alzheimer's Disease and Related Senile Dementia was created in 1987 under IC 12-10-5.

Purpose

As outlined in IC 12-10-5, the Task Force is to assist the Division of Disability, Aging, and Rehabilitative Services by identifying areas of concern to be addressed, recommending services to meet the needs, recommending the development of training materials, and compiling available research. In carrying out this role, the Task Force reviews annual grant proposals and makes recommendations to the Division of Disability, Aging, and Rehabilitative Services for funding.

Outcome

Six grants were awarded during SFY 2002 to meet the needs of individuals with Alzheimer's Disease or Related Senile Dementia and their families. Specific results of each grant are summarized in Appendix B.

Accomplishments

Grantee summaries in Appendix B provide specific information about the accomplishments of each of the five grants awarded through these funds.

Funding

Program expenditures for SFY 2002 were $85,006.

Clients Served

The Task Force recommends the funding of programs to benefit individuals facing Alzheimer's Disease and Related Senile Dementia and their caregivers throughout Indiana.

Indiana Pre-Admission Screening

History

The Pre-Admission Screening Program (PAS) was enacted by the Indiana General Assembly on April 30, 1983. The PAS program monitors nursing facility admissions to assure that all placements are appropriate.

Purpose

The primary purpose of PAS as outlined in IC 12-10-12 is to assure that alternatives such as in-home and community services are explored. Individuals are helped to remain in their homes by finding and making available the services required to avoid or delay facility placement.

Outcome

Each person considering placement in a nursing facility must be notified of PAS requirements and the Medicaid penalty for non-participation.

Accomplishments

The PAS program has increased availability of in-home and community services, providing individuals with the information and services necessary to be able to remain in their homes. PAS conducted 31,063 screenings in SFY 2002.

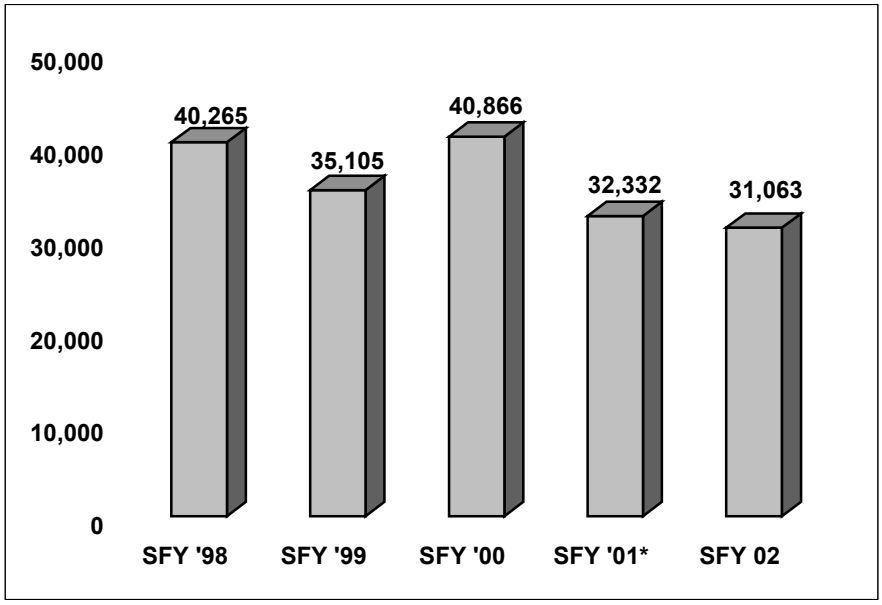
Funding

The Area Agencies on Aging (AAA) are reimbursed for PAS through the Office of Medicaid Policy and Planning (OMPP). Total cost for SFY 2002 was $2,839,463.

Clients Served

Individuals applying for admission to a long-term care facility.

Persons Served Per Year



*The fewer PAS screenings noted for SFY'01 may have resulted from more refined screening tools, improved tracking systems, and a desire for in-home services.

Omnibus Reconciliation Act Pre-Admission Screening Resident Review (PASRR)

History

The Pre-Admission Screening Resident Review (PASRR) program was enacted into federal law in 1987. In 1989, the PASRR program was implemented in Indiana.

Purpose

The purpose of the PASRR program is to assure under 42 U.S.C. 1396r, 42 C.F.R. 483.100 subpart C and IC 12-10-12 that applicants to or residents of Medicaid certified nursing facilities, who have a major mental illness or a developmental disability/medical condition, have their needs properly met.

Outcome

The desired outcome is that individuals are appropriately placed in nursing facilities and that the placement continues to be appropriate as the individual's needs change.

Accomplishments

The PASRR program served a total of 9,412 persons in SFY 2002.

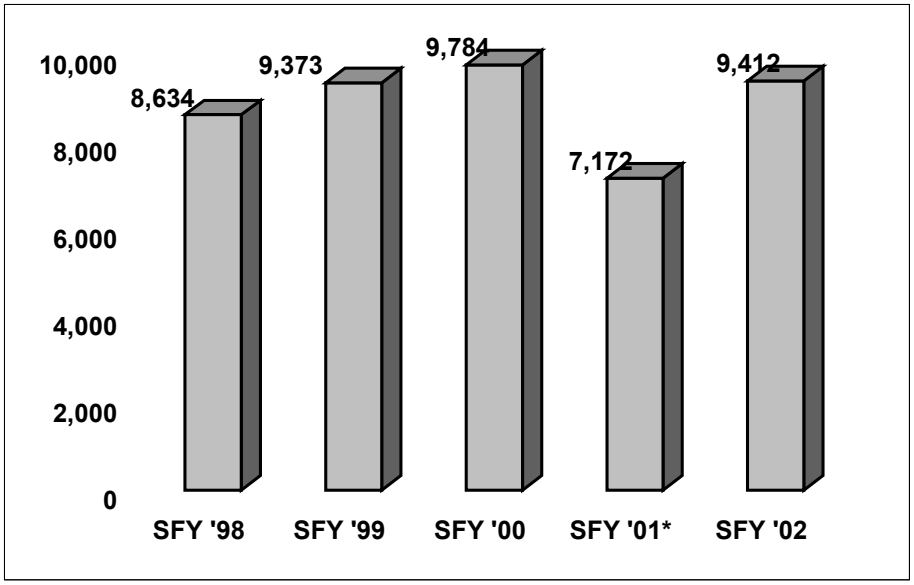
Funding

PASARR expenditures for SFY 2002 was $3,320,804, based on program claims

Clients Served

Residents of nursing facilities who have a mental illness or developmental disability.

Persons Served Per Year



*The fewer PASRR screenings noted for SFY'01 may have resulted from more refined screening tools, improved tracking systems, and a desire for in-home services.

Developmental Disabilities Waiver Ombudsman Program

History

The Indiana General Assembly created the Developmental Disabilities Waiver Ombudsman Program in 1999. The program became effective in July of that year. The program applies to an individual who has a developmental disability and who receives services under one of the Medicaid Waiver programs.

Purpose

The Ombudsman receives, investigates, and attempts to resolve complaints and concerns that are made by or on behalf of an individual who has a developmental disability and who receives services under one of the Medicaid Waiver programs.

Outcome

The desired outcomes of the program are:
(1) The prompt investigation and resolution of complaints and concerns; (2) the promotion of effective coordination among providers, clients and their families, the division, and programs that provide legal services for the individual who has a developmental disability; and (3) the identification of trends so that recommendations for needed changes in the service delivery system can be implemented.

Accomplishments

During SFY 2002, over one hundred different issues have come to the attention of the Ombudsman, including a variety of concerns that guardians/parents, case managers, and providers had about compliance with Medicaid as it affects the individual who has a developmental disability and receives services under one of the Medicaid Waivers. These issues were addressed and either referred to the most appropriate agency or person for resolution.

Funding

Fifty percent (50%) of the funding comes from Medicaid Federal Financial Participation (FFP). The other fifty percent (50%) is from State funds used for staff position and support. Program expenditures for SFY 2002 were $55,867.

Clients Served

Persons with a developmental disability who receive services under one of the Medicaid Waiver Programs.

Long Term Care Ombudsman Program

History

The Long Term Care Ombudsman Program is authorized under Title VII of the Older Americans Act of 1965 as amended. The program provides protection and advocacy for the rights of residents of nursing facilities.

Purpose

The purpose of the program is to provide advocacy services to residents of licensed long term care facilities. Services include: (1) investigation and resolution of complaints made by or on behalf of residents; (2) education/training of facility staff, residents, family members, community groups, and others; (3) information and referral services; and (4) system advocacy to improve quality of life and care for all residents.

Outcome

The desired outcomes are: (1) complaints and concerns are promptly investigated and resolved to the satisfaction of the resident; (2) consumers are informed and empowered to resolve problems on their own; and (3) Interested persons, agencies, legislators, and the general public receive information on the rights of residents and the issues that affect residents; and system problems that affect residents are resolved.

Accomplishments

In SFY 2002, the Long Term Care Ombudsman Program investigated 1,073 complaints; provided 2898 consultations to individuals and 2940 consultations to facility staff members. The LTC Ombudsman Program provided 45 sessions of of community education; 90 facility in-services trainings.

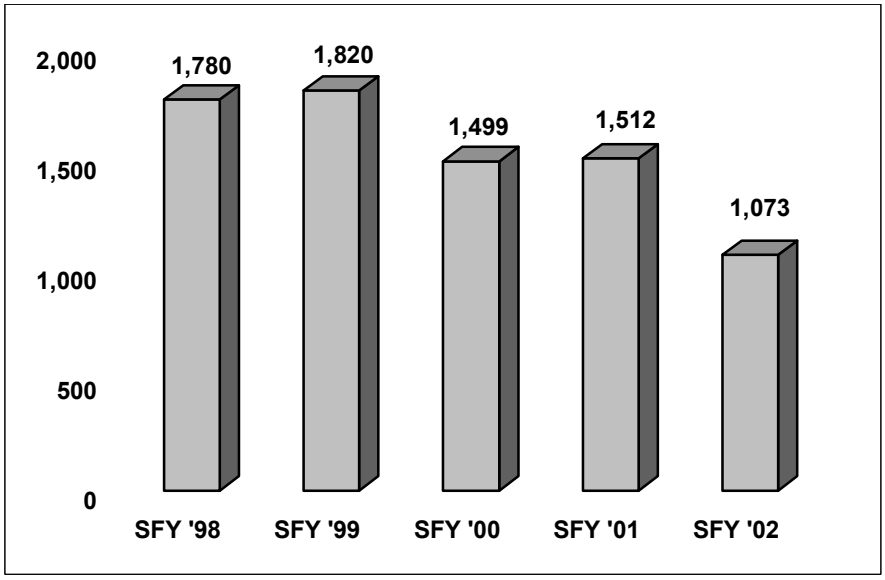
Funding

Program expenditures for SFY 2002 were $459,684 ($414,974 federal and $44,710 non-federal).

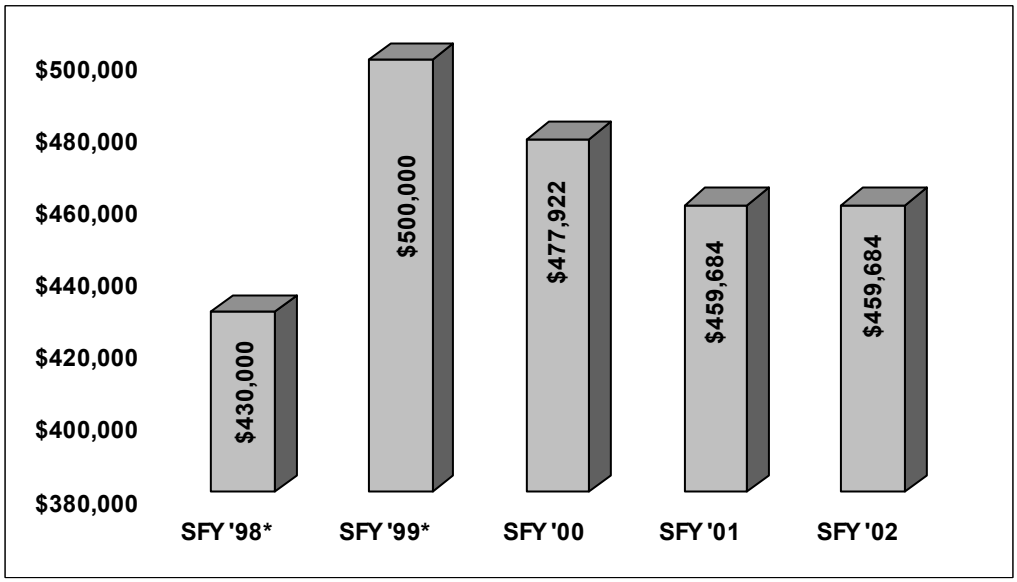
Clients Served

Residents of long-term care facilities in Indiana.

Long Term Care Ombudsman
Complaints Filed Per Year



Long Term Care Ombudsman
Trend of Annual Expenditures



* Figures have been rounded to the neares $50,000

Money Management Program

History

The Indiana Money Management Program (MMP) was established in 1993. The first year there were five local sponsors of the program. One sponsored only the Representative Payee portion of the program. There are now fourteen sponsors, with thirteen providing both the Representative Payee and Bill Payer portions of the program.

Purpose

As outlined in IC 12-10-14, the MMP is to provide assistance with financial management to individuals with limited incomes who cannot manage their own fiscal affairs without assistance.

Outcome

The desired outcome of the MMP is to lessen the incidence of exploitation and mismanagement of an individual's benefits, with the objective of improving the quality of life for individuals who need the service and to lessen their need for other social and community services.

Accomplishments

The program's Representative Payees paid out nearly $400,000 of their clients' funds toward those clients' basic needs in SFY 2002. These funds return to the local communities in the form of payments for such items as rent/mortgage, groceries, and utilities. The program served 220 individuals 40 counties in SFY 2002.

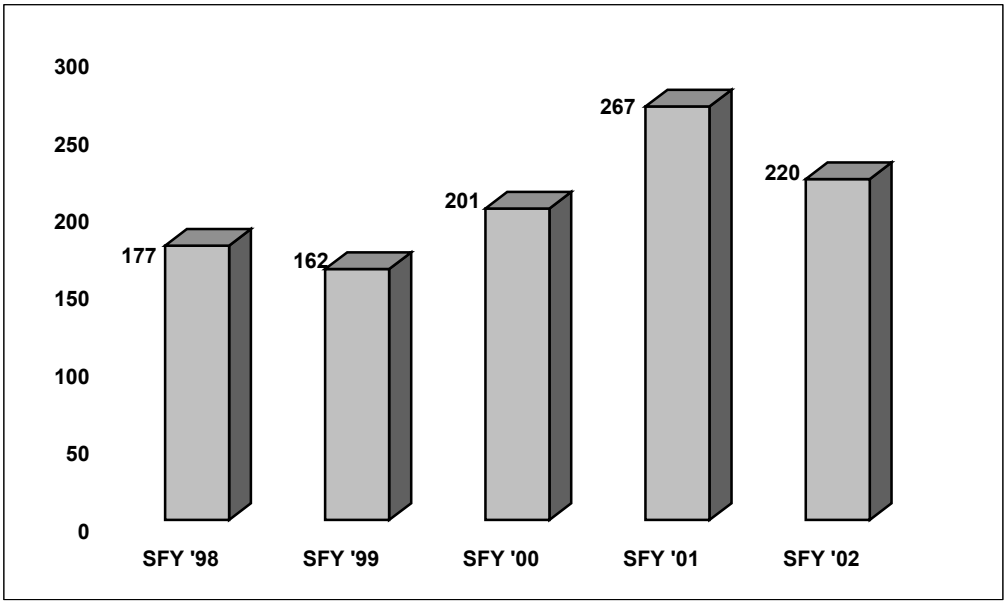
Funding

Volunteers at the local level staff this program. There is no federal or state funding.

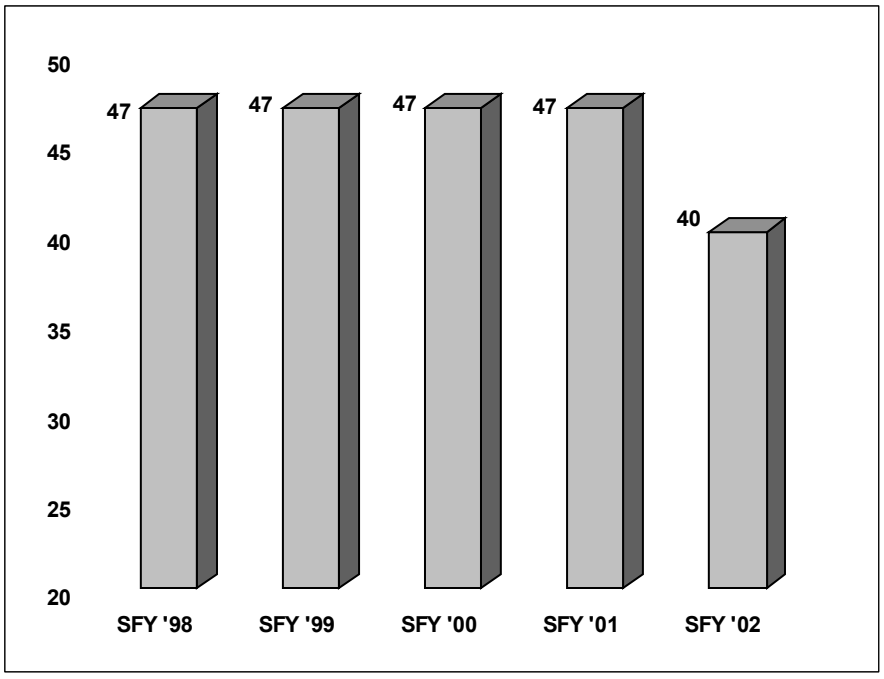
Clients Served

The Representative Payee portion of the program serves individuals who receive federal benefit funds and have been determined by the appropriate federal office to need a representative to pay expenses associated with their basic needs. The Bill Payer portion of the program serves those individuals who request or agree to accept assistance with organizing and paying bills and budgeting.

Money Management Program
Persons Served Per Year



Money Management Program
Counties Served Per Year



There are 92 Counties in Indiana.

Residential Care Assistance Program

History

The enactment of P.L. 122-1975 implemented the fully state-funded Assistance to Residents in County Homes (ARCH) Program. The Room and Board Assistance (RBA) Program followed in July of 1976. These laws enacted a state-funded system to subsidize the difference between a resident's income and the state approved daily rate for a County Home or a licensed and approved residential care facility. In 1992, the two programs were transferred to the authority of the Division of Disability, Aging, and Rehabilitative Services. In 2000, the ARCH and RBA programs were merged into the Residential Care Assistance Program (RCAP).

Purpose

As outlined in IC 12-10-6, RCAP is to provide financial assistance to eligible persons living in an approved residential care facility or a county home who do not have sufficient monthly income to pay the daily charge in the facility or home. The program also provides personal needs assistance payments to residents whose income is insufficient to cover their monthly personal needs expenses. RCAP assists eligible residents with health care coverage through Medicaid funding.

In order for a facility to participate in the RCAP it must be a county home, a facility that is licensed by the Indiana State Department of Health (ISDH) pursuant to IC 16-10-4 as a residential care facility, or an accredited Christian Science facility. The facility must also be approved by the Division of Disability, Aging, and Rehabilitative Services (DDARS).

Accomplishments

The number of residents on RCAP at the end of SFY 2002 was 1,411. In SFY 2002, 1,059 persons were served in RBA facilities and 352 persons through ARCH.

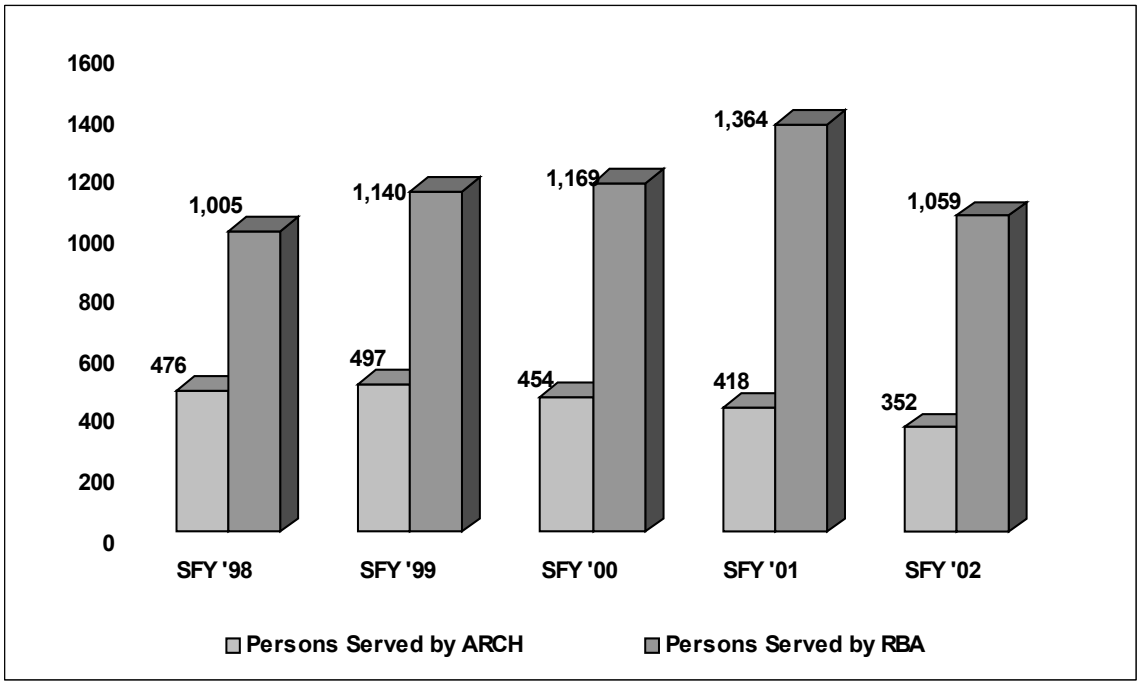
Funding

RCAP expenditures totaled 9,569,091 in SFY 2002. Of this total, $7,526,628 were expended in RBAs and $2,042,463 through ARCH. These expenditures are 100% state funds.

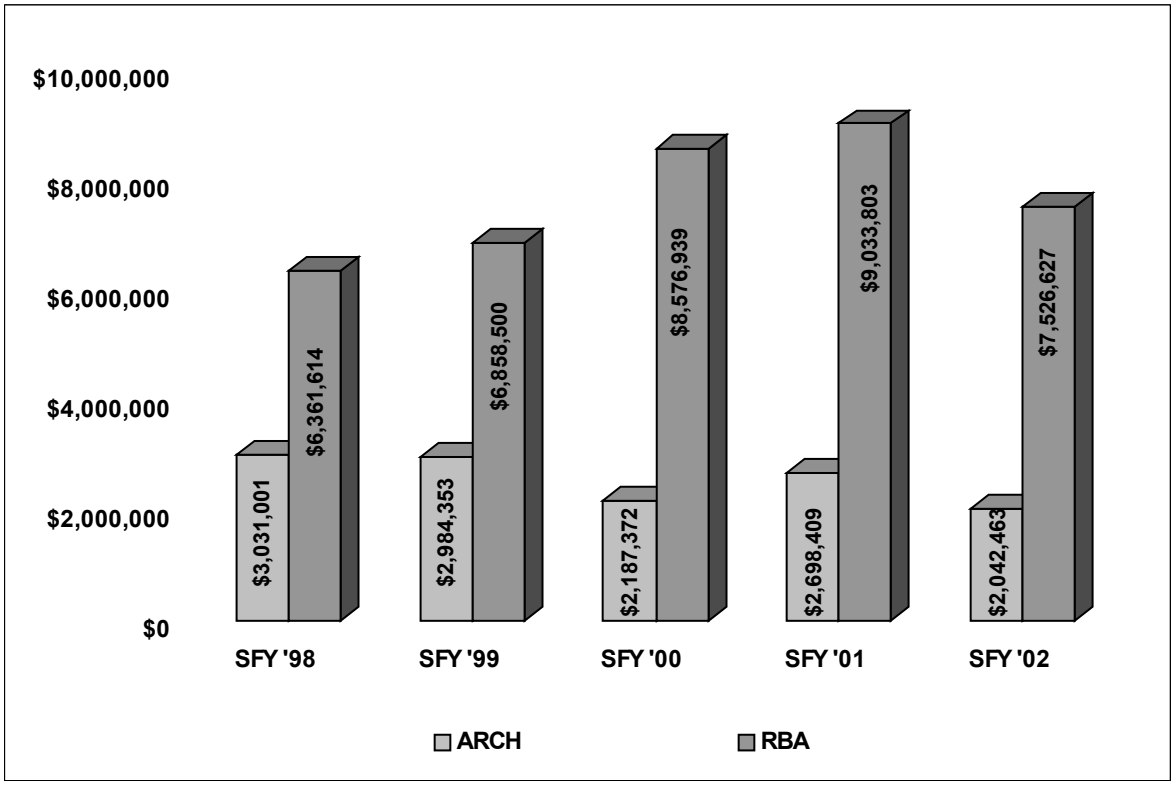
Clients Served

The RCAP assists people who cannot live in their own homes because of age or disability but who do not need the level of care provided in a licensed nursing facility. Eligibility is determined by a caseworker in the county Office of Family and Children.

Residential Care Assistance Program
Persons Served Per Year



Residential Care Assistance Program
Trend of Annual Expenditures



Social Services Block Grant

History

The Social Services Block Grant (SSBG) was established in 1982 as a revision to Title XX of the Social Security Act. The grant allows states the flexibility to define their social services programs, ranging from services for children to services for older persons. The Division of Disability, Aging, and Rehabilitative Services (DDARS) has been allocated funds from the grant to administer services to older persons and to persons with disabilities. SSBG has been part of the Statewide IN-Home Services Program since July 1, 1992.

Purpose

The purpose of the program is to provide in-home services in order to help individuals continue to live in their own homes and communities under U.S.C. 1397 and IC 12-13-10-1. Services may include attendant care, transportation, adult day services, home delivered meals, homemaker, respite care, home health services and supplies, or other services consistent with the needs of the client population to maintain self sufficiency.

Outcome

The desired outcome is to enable persons who are older adults and/or persons age 18 years or older who have disabilities to continue to live independently in their own homes and communities.

Accomplishments

The number of persons receiving in-home services through SSBG for SFY 2002 was 12,893.

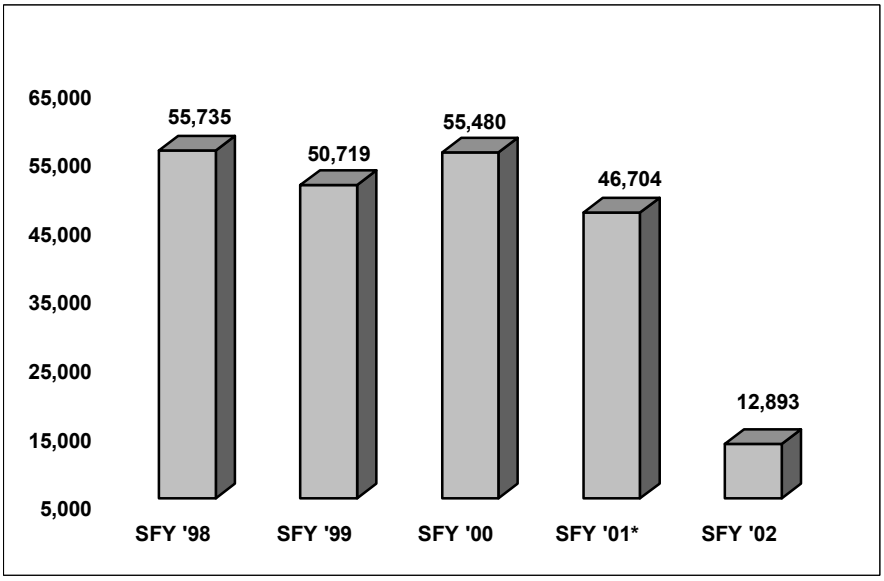
Funding

Program expenditures for SFY 2002 were $6,720,210. These expenditures are 100% federal funds.

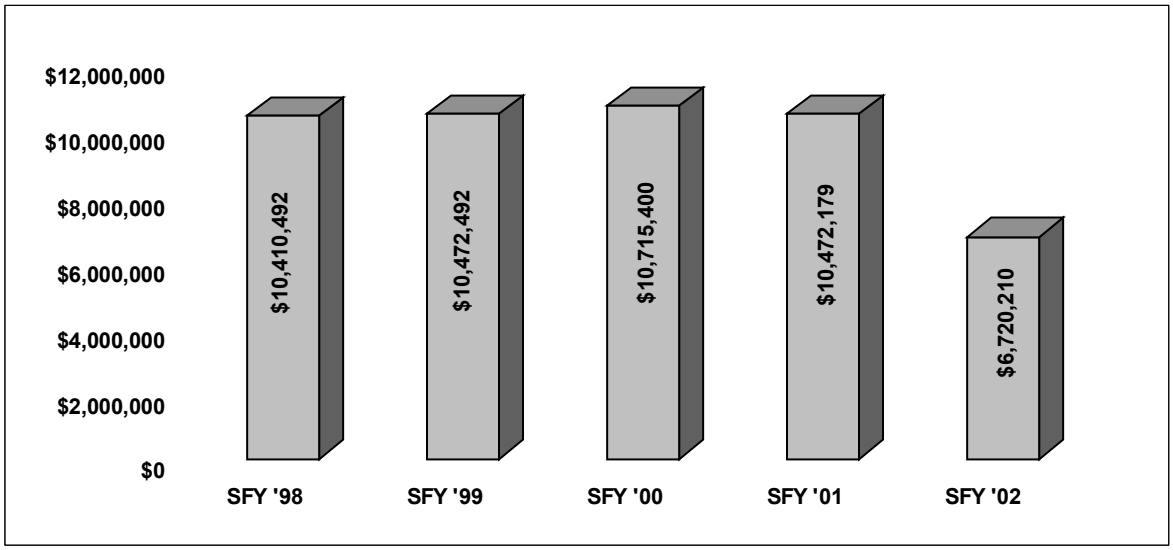
Clients Served

Individuals 18 years of age or older with an income below 150% of poverty and in need of services are eligible for SSBG services.

Social Services Block Grant/IN-Home Services
Persons Served Per Year



Social Services Block Grant/IN-Home Services
Trend of Annual Expenditures



Title V
Senior Employment

History

The Older Americans Act of 1965 as amended authorized the establishment of the Title V Community Service Employment Program. This program is commonly referred to as the Title V Senior Employment Program.

Purpose

The purpose of the Title V Senior Employment Program is to provide meaningful part-time work opportunities in community service for low-income persons (below 125% of federal poverty) who are 55 years of age or older and who have poor employment prospects under 42 U.S.C. 1397.

Outcome

The desired outcome of this program is to provide meaningful employment and training to low-income persons who are 55 years of age or older and who have poor employment prospects. Initially, wages are subsidized by the U.S. Department of Labor.

Accomplishments

The Title V Senior Employment Program served 565 individuals during SFY 2002. The majority of individuals served were women between 60 and 74 years of age. The U.S. Department of Labor has established a goal of placing 20% of the Title V clients in unsubsidized employment. Indiana exceeded this goal by placing 21.2% of the clients in unsubsidized employment. Written agreements between Area Agencies on Aging and local Workforce Development offices have been established to assure maximum coordination at the local and state levels.

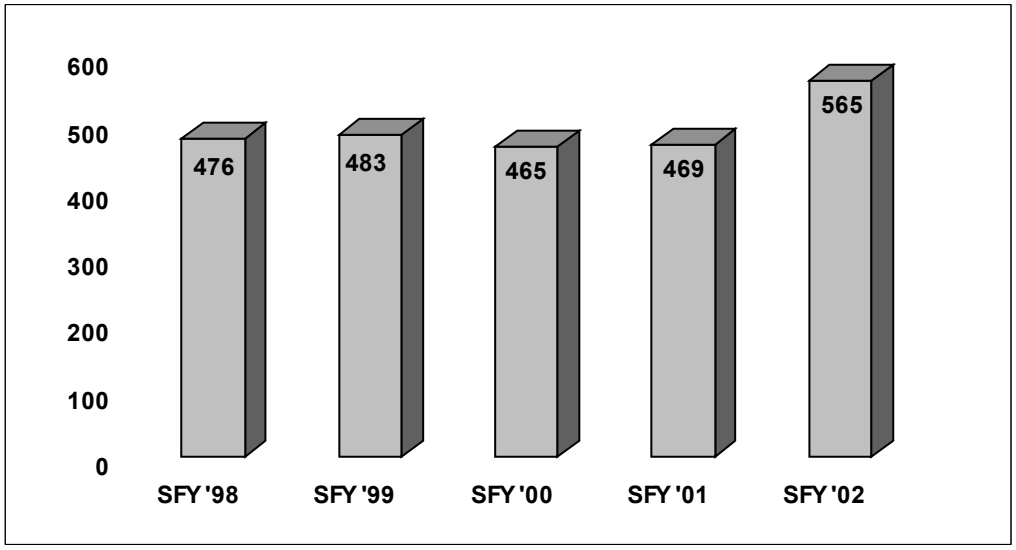
Funding

This program is funded primarily through the U.S. Department of Labor as authorized by the Older Americans Act of 1965 as amended. Federal funds equaling $2,555,236 were expended in SFY 2002 and matched with $255,124 in state and local funding. In addition, administrative expenses were $68,979, of which 90% were federal dollars.

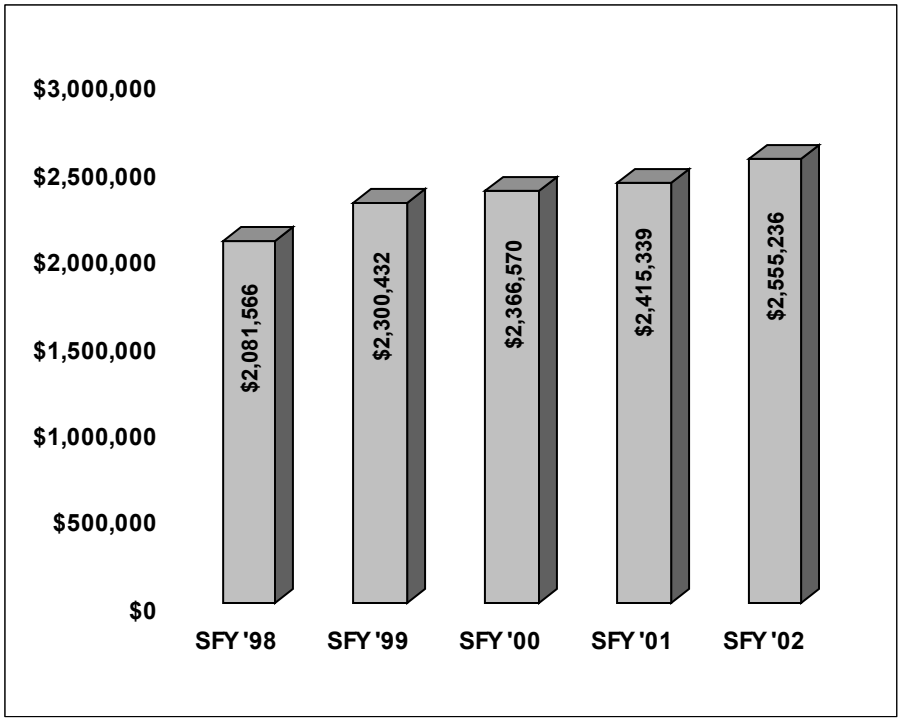
Clients Served

This program serves persons age 55 years and above who have income below 125% of the federal poverty guidelines.

Senior Community Services Program Placements Below 125% of Poverty Level



Senior Community Services Program Trend of Annual Expenditures



Title III/VII of the Older Americans Act

History

The Older Americans Act of 1965 as amended provides Indiana with federal funds to coordinate and provide services to persons age 60 and above. The Act has been a major source of support for services to older persons. Major parts of the Act became part of the Statewide IN-Home Services Program on July 1, 1992.

Purpose

The purpose of the program under 42 U.S.C. 3021-3030r, 42 U.S.C. 3058 and IC 12-9-5-1 is to provide needed services to persons age 60 and above. Funds have been a major source of support for congregate and home delivered meals, transportation, information and referral, outreach, legal protection, and advocacy.

Outcome

The desired outcome is that older adults have access to needed services enabling them to continue living independently in their own homes and communities.

Accomplishments

The Older Americans Act provided services to a total of 108,114 individuals in SFY 2002, of which 37,892 received in-home services. Use of local funding represents a significant portion of total expenditures.

Funding

Total expenditures for SFY 2002 were $17,913,077. This includes $13,441,882 for community-based services and $4,471,195 for in-home services.

Clients Served

To be eligible for services through this program each participant must be age 60 or above and in need of services.

USDA Meals Reimbursement

History

The United States Congress has mandated the United States Department of Agriculture (USDA) to provide reimbursement for each congregate or home delivered meal served, which provides one third of the Recommended Dietary Allowances (RDA), to an individual age 60 or above. Indiana uses this reimbursement to fund a portion of the cost of each meal served.

Purpose

The purpose of this funding is to expand the number of meals provided by the Elderly Nutrition Program authorized by 7 C.F.R. Part 226.

Outcome

The desired outcome of this program is to provide nutritious meals that offer one third (1/3) of the Recommended Dietary Allowance to individuals age 60 and older.

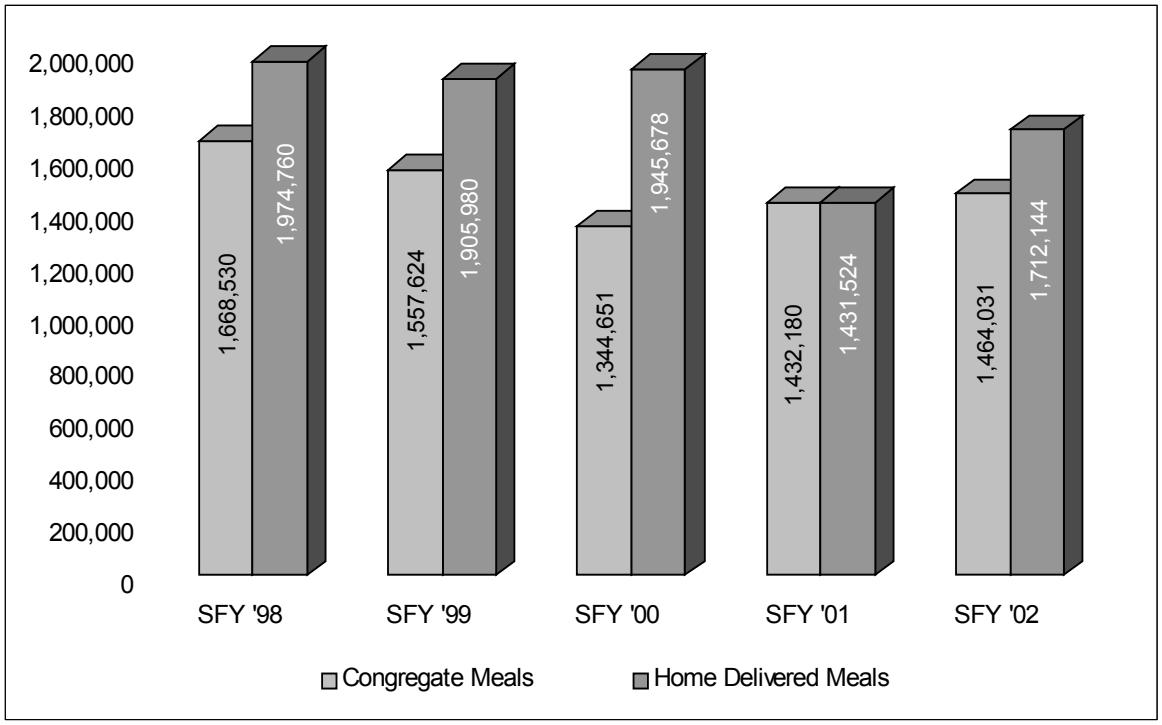
Accomplishments

In SFY 2002, 1,464,031 congregate meals and 1,712,144 home delivered meals were served, for a total of 3,176,175 meals served.

Funding

Program expenditures during SFY 2002 were $691,067 for congregate meals and $827,120 for home delivered meals. The total Indiana USDA nutrition expenditure in SFY 2002 was $1,518,187.

Nutrition Program Meals Served



SFY '01 figures do not reflect meal counts under SSBG, CHOICE, and Waiver Programs.

Program Support: Collaborative Efforts, Quality Assurance, Training, Technical Assistance, & Funding

In-Service Training

The Division of Disability, Aging, and Rehabilitative Services (DDARS) is committed to the provision of quality services to Indiana's elderly and persons with disabilities. To maintain the level of service quality, the Family and Social Services Administration (FSSA) and the Indiana Association of Area Agencies on Aging (IAAAA) have provided comprehensive in-service training sessions in the area of in-home and community-based programs. In SFY 2001, training was conducted in the following areas:

- Case Management
- CHOICE
- Pre-Admission Screening/Resident Reviews
- Medicaid Waivers
- Nutrition
- RCAP

Program Support

DDARS has applied for several competitive grant opportunities from a variety of federal and private sources. DDARS has been successful in obtaining the following grants:

- Performance Outcome Measures Project
- Preventing Medicare Fraud, Waste, and Abuse
- Alzheimer's Disease Demonstration Project
- Relatives as Parents Program

These grant funds will allow Indiana to expand and support activities designed to enhance the lives of older adults and persons with disabilities. The outcome of these projects will also continue Indiana's efforts of innovation and collaboration. Plans are to incorporate the design of these exciting projects into the ongoing work of DDARS when the grant period has ended.

INsite

DDARS has redesigned its automation capability. Working with the Area Agencies on Aging (AAA) and Roeing Corporation of Lafayette, Indiana, DDARS established a new standard for data collection and reporting using automation. The INsite program is a Windows based system using Visual FoxPro.

The continued development of such systems is critically important as management moves toward performance-based outcomes to assure that consumers receive quality services.

DDARS has established an effective means for the electronic transmission of information and processing of Medicaid Waivers. This is designed to streamline and reduce the paperwork intensive nature of processing Medicaid Waiver decisions. The inclusion of data and information supplied by independent case managers is incorporated into INsite

Quality Assurance

DDARS quality assurance initiatives continued to grow in 2002. The Quality Improvement Program (QIP) has expanded to all sixteen AAAs and data collection is currently under way. Each AAA is contractually required to survey 10% - 15% of IN-Home Services Program recipients to provide a basis for quality improvement activities in the areas of service quality and consumer satisfaction. Consumer-based information is then aggregated, preserving confidentiality, and feedback is given to providers.

Assisted Living

In compliance with IC 12-10-15, facilities that wish to use the term "assisted living" in their title are required to disclose information regarding rates, available services, and other pertinent information to assist consumers in making informed choices. Facilities are required to disclose information annuall. At the close of SFY 2002, 234 facilities had provided disclosure information to the Division of Disability, Aging, and Rehabilitative Services (DDARS).

Indiana received formal approval from the Centers for Medicare and Medicaid Services for a Medicaid Waiver for Assisted Living, effective July 1, 2001. Services include case management and assisted living services. Assisted living services include personal care, homemaker services, chore assistance, attendant care, companion services, medication oversight, therapeutic social and recreational programming.

This initial waiver request is for a three year period. The Assisted Living Medicaid Waiver is able to provide services to 350 individuals the first year, 1,050 individuals the second year, and 2,250 individuals in the third year.

Consumer Directed Attendant Care Program

The 112th Indiana General Assembly (2001) enacted Senate Enrolled Act 215. This Act addresses individuals in need of self-directed in-home care. This allows individuals receiving services through Indiana's CHOICE and Medicaid Waiver programs to recruit, hire, pay, dismiss, and supervise a personal services attendant.

This provision allows for "ancillary services", such as shopping, laundry, and transportation. It also allows a personal attendant to provide "basic services" including health related services, bathing, dressing, and feeding.

Community Outreach Activities

A number of Community Outreach Activities are sponsored each year by DDARS. In SFY 2002 these activities included:

- **Older Americans Month Proclamation** - This annual event in May paid tribute to contributions of older persons in the community. The ceremony was highlighted by a proclamation by Governor Frank O'Bannon.
- **Indiana State Fair** - This twelve-day event in August served as a showcase for talents of persons of all ages, provided information on services and programs for older adults and persons of all ages with disabilities, and promoted health awareness. The highlights of the event included the recognition of the Martin H. Miller Award for Senior Volunteers of the Year, a Field Hearing with Senator Evan Bayh on "Our Greatest Generation: Continuing a Lifetime of Service", performances by the Young Hoosier Pianists, and a Gospel Sing.
- **Indiana Governor's Conference on Aging and In-Home Services** - The conference was attended by older persons, individuals of all ages with disabilities, advocates, service providers, and professionals in October. The theme of the conference, "A Community for All Ages", provided information on wellnes, life course events and influences on aging, retirement planning and the benefits of extended family and pets (as companions) for the aged population. The "Older Hoosier of the Year" awards were presented to recipients during the Awards Luncheon on day two of the conference.

Closing Comments

Under the direction of Governor Frank O'Bannon, Indiana's commitment to in-home services and community-based programs has grown significantly over the past year. Thousands of Hoosiers, both those who are aging and those with disabilities, have been provided services through inititives to increase the opportunities for people to stay in their homes and communities. The Family and Social Services Administration (FSSA) is proud of the innovations and has increased its focus on ensuring the changes continue as Indiana seeks a truly balanced delivery system.

Appendix A

Bureau of Aging and In-Home Services Advisory Bodies

Indiana Commission on Aging

Dale Helmerich, Chairperson
Martha L. Bannon
James M. Goen
Edward Gottschling
Don A. Hallett
Roscoe Harkins
John R. (Bob) Johnson
B. L. Martz, M.D.
Roxsandra Clemons-McFarthing
Rev. A. Glen O'Dell
Mary Jane Phillippe
Mary Lena Roberson
Geneva Sams
Harry E. Thompson - Emeritus 11/02
Donna K. Laflin
Anita McCollester

Community and Home Options to Institutional Care for the Elderly and Disabled (CHOICE) Board

Stephen Rappaport, M.D., Chairperson
JoAnn Burke, Ph.D., LCSW
Sharon Bybee
Beth A. Eiler (designee for Division of Family and Children)
Blanche C. Ferguson
Laura Harting, R.N.
Dale Helmerich
Joan McLaughlin
David Rogers

Indiana Money Management Program State Advisory Council

Judy Davis, Chairperson
Betty Bahr
Beth Evans
Joan Shelter
Irene Wegner
Dale Helmerich
Catherine K. Lake
Bette Lindley
Jim Lizon
Humbert Lopes
Donna Gadd
Edward W. Stachowicz
Jacqueline Wright

Indiana Governor's Task Force on Alzheimer's Disease and Related Senile Dementia

Karen M. Robinson,DNS, RN, CS, FAAN, Chairperson
Mark Laker (designee for Gregory Wilson, M.D.- Director, Indiana State Dept. of Health)
Gayle J. Cox, Ph.D
Martin Rhys Farlow, M.D.
Andrew (Drew) Klatt (designee for Director, Division of Mental Health)
Kathleen S. Hall, Ph.D.
LaDonna Jensen, R.N.
Louann Lawson, R.N.
Mary Marr Owens
Frank Forster, Psy.D
Allison Brashear, M.D.
Clifford H. Swensen, Ph.D.
Senator Allie V. Craycraft, Jr.
Senator Marvin Riegsecker
Rep. Mary Kay Budak
Rep. Peggy Welch
Lanier Vines (designee for the Director of Division of Disability, Aging, and Rehabilitative Services)

Appendix B

INDIANA GOVERNOR'S TASK FORCE ON ALZHEIMER'S DISEASE & RELATED SENILE DEMENTIA

GRANTEE SUMMARIES
Six projects were conducted during State Fiscal Year 2002 totaling $85,006 as summarized below:

I. PROJECT CATEGORY - RESPITE ADULT DAY CARE

AGING AND IN-HOME SERVICES OF NORTHEAST INDIANA, INC.
FUNDING AMOUNT: $21,100
PROJECT SUMMARY: The purpose of the project was to hire consultants to assist in developing freestanding adult day service choices in the Allen County area.

1. A task force of community leaders, local colleges and universities, hospitals and other social service agencies who might share an interest in adult day services was formed in order to enlist support for the project. Twenty members of the task force received education on what adult day services really include and toured a facility. Task force members then gathered information on local statistics related to building costs, staffing costs, etc. to determine whether a separate entity needed to be formed to provide service, or if someone locally could be found.

2. Consultants were hired to assist with the development of the project.

3. Consultants did complete an environmental walk-through of three locations, discussed costs and budgets, and prepared drafts of core policies and procedures as well as job descriptions and other documents necessary for the start up of these adult day centers.

4. Three potential providers met with other local service providers, such as meal services and transportation services.

5. The SarahCare Adult Day Center, opened in early of September 2002, with a capacity of serving 80 individuals.

6. The task force and consultants were approached by the Huntington Chamber of Commerce to assist with the development of adult day services in Huntington.

7. AIHS will continue to work with two faith-based providers to assist them with their quest for start up funds. When that is achieved, it is possible that there will be two additional Adult Day Service Centers in Fort Wayne within a year.

MENTAL HEALTH ASSOCIATION OF VANDERBURGH COUNTY
FUNDING AMOUNT: $13,600
PROJECT SUMMARY: The purpose of this project was to provide funding for respite care services to needy caregivers of Alzheimer's and Dementia patients servicing as many needy caregivers as funding would allow. This program worked with three local home health care agencies.

1. The agencies furnished trained, competent staff members to provide a maximum of ten hours per month of free respite care services for the caregiver. The agency's monthly invoice for these ten hours is paid by the MHA.

2. Offering this service helped the patient and the community in other ways:

A. Less stress involved in maintaining the household, resulting in better mental health.
B. Enabled the caregivers to maintain their own health needs, thus preventing other health care costs.
C. Allowed people to stay in their homes longer.
D. Preserve family's independence and dignity.

3. By the end of June, 2002, 383 applications were processed for assistance. In order not to have a waiting list, the third home health agency was enlisted to help us serve our clients. We are currently helping approximately 25 families per month.

4. The expectation is to continue this service and to secure funding until EVERY needy caregiver in this area is served, and to work with ALL of the area's home health care agencies.

5. After implementation of this program, MHA received two unanticipated results:

A. Growth was enormous due to the greater than anticipated need.
B. Letters that were received from satisfied caregivers have been extremely rewarding. They strongly confirmed the fact that this program DOES make a positive impact in their lives.

OASIS ADULT DAY SERVICES
FUNDING AMOUNT $10,000
PROJECT SUMMARY: The purpose of this project was to purchase much needed equipment, as well as employ and train staff for the Oasis Adult Day Services center which serves older adults with Alzheimer's Disease and related Senile Dementia.

1. Agency furnished formal and informal training to seven volunteers and one staff member regarding the behavior traits and antecedents of persons with Alzheimer's Disease and Related Senile Dementia. These staff members now possess of a clearer view of dementia and some proven ways to deal with behaviors. Because of this knowledge, these people are a valuable resource to Oasis Adult Day Services.

2. The agency purchased office equipment and direct services equipment.

3. Distributed written information to approximately 5,000 people, and disseminated information verbally to an additional 500. These people were representatives of churches, businesses, social groups and local organizations with the potential of reaching many more with the information.

4. Oasis served five persons with Alzheimer's or dementia during the grant period, and were able to provide reduced fee to one low income individual.

5. The agency has provided support to some twelve to fifteen caregivers this year through direct help, telephone counseling or through providing written information.

6. This project has provided a successful initial start up for Adult Day Services in Wayne County, continuing to serve nearly twelve percent of the population that are sixty-five years of age or older.

7. Community support has been good, a grant from the Wayne County Foundation was received for assistance with building a cement handicap access ramp. Construction on the ramp will begin in September. Oasis also received support from Reid Hospital in the form of medical supplies and money to purchase four lift chairs.

8. This project is expected to continue with an emphasis on providing reduced fees to low income individuals.

II. PROJECT CATEGORY - TRAINING AND/OR EDUCATION

ALZHEIMER'S ASSOCIATION, NORTHERN INDIANA CHAPTER
FUNDING AMOUNT $ 6,109
PROJECT SUMMARY: The purpose of the grant awarded to the Northern Indiana Chapter of the Alzheimer's Association was to provide two, one-day workshops for family caregivers in Allen and Lake Counties on Middle Stage Alzheimer's Disease. The focus of this workshop was to provide hands-on, practical training for family caregivers who are dealing with middle-stage Alzheimer's disease. The middle-stage of Alzheimer's presents unique and complex challenges to family caregivers, and utilization of successful strategies to cope with changes enables caregivers to better "manage" the disease as well as provides a sense of control/understanding that mitigates caregiver stress. The topics presented at the conferences included understanding the changes the disease causes, coping with changing communication and behavior, structuring meaningful activities for the impaired person, transitioning to community services such as adult day services and home health, and strategies to deal with caregiver stress. A major enhancement to both of these training sessions was the ability to offer a 142-page "Caregiver Training Manual" without cost to each participant, along with other training materials, such as brochures and speaker hand-outs. These training manuals were developed by our Chapter via a grant from the Florence V. Carroll Foundation.

1. On Saturday, October 27, 2001, the first “Caring for the Person with Alzheimer’s Disease” conference was held at the Methodist Hospital-Southlake in Merrillville, Indiana (Lake County). There were 37 persons in attendance at this conference (although a capacity 50 persons had pre-registered), and the majority were family caregivers, with about 10% professional caregivers.

2. The second conference was held on Saturday, May 4, 2002, at the University of Saint Francis in Fort Wayne, Indiana. A total of 51 persons attended this conference (an over-capacity of 54 persons had registered), with approximately 60% family caregivers and 40% professional caregivers. Total costs involved for the two conferences were $6,109, which is the exact amount of the grant award.

3. Attendees received evaluation forms after each conference. The evaluations were structured to measure specific outcomes as to whether stated conference objectives were achieved. Each conference was well-received, and evaluation results were excellent.

4. The Northern Indiana Chapter offered “Caring for the Person with Alzheimer’s Disease” in Lake and Allen Counties (and in Saint Joseph County through a previous funding source). These three counties have the highest disease prevalence of the twenty-two counties within our territory. There is a continued need for caregiver education and hands-on training in middle-stage issues, and the Chapter will be adding this topic to our training opportunities in the future. We have already expanded our multi-part Caregiver Orientation Series to envelope middle-stage issues and have distributed, without cost to attendees, the “Caregiver Training Manual”, as an accompaniment to these workshops.

5. The Chapter continues to cultivate contacts throughout Northern Indiana with professionals who have volunteered to become part of our Speaker’s Bureau, and we have made partnerships with hospitals and other service providers. I t is hoped that, through these partnerships, the cost of offering additional conferences dealing with middle-stage issues can be reduced substantially, and what costs remain can be provided by our Chapter operations budget.

6. The outcome of these workshops has been favorable. The Chapter learned a great deal from this opportunity about creating successful workshops in the future. This information has been instrumental in reshaping our training curriculum for family caregivers (including manual) to a hands-on, practical approach that has been more traditionally utilized when training professional caregivers. “Role playing” techniques have been incorporated for the conference in Allen County in May 2002.

III PROJECT CATEGORY - OTHER PROJECTS OR SERVICES

MENTAL HEALTH ASSOCIATION IN HENRY COUNTY
FUNDING AMOUNT $5,000.00

PROJECT SUMMARY: The purpose of this project was to plan and present the Fourth Annual Henry County Area Alzheimer’s Conference. The goal of the conference was to offer personal and professional caregivers a full spectrum of subjects to help educate, refer and support, and empower them to deal with the effects of Alzheimer’s upon the patient and themselves. The conference goals being to recognize information that needs to be shared for effective communication between client, caregiver, and professional caregiver; to describe the latest trends and treatments of AD; to describe coping strategies for caregivers.

1.Beginning in January of 2001, a fifteen-member committee, coordinated by the Mental Health Association in Henry County, collaborated to present the Fourth Annual Henry County Area Alzheimer’s Conference. The committee met a total of eight times in strategic planning, culminating in the conference presented at the Middletown Church of the Nazarene on November 13, 2001.

2. The conference, although geared to the personal caregiver, provided sessions appropriate for the professional as well. Mary Guerriero Austrom, PhD. was the keynote speaker with an overview of Alzheimer’s. Three breakout sessions filled the remainder of the morning session including: Medications and Interactions with David Henley, M.D.; Research with Margaret Frazer, M.D.; and Communicating and Special Needs with Shirley Lake and Katie Lucas. These sessions were repeated.

3. Doug Starks was the luncheon speaker, addressing current legislation. Following lunch were three breakout sessions. These were also repeated. They included: The Three “G’s” (Guilt, Grief and letting Go) with Jack Hannum, Betty Piercy and Cloyd Dye, M.D.; Legal Aspects with Bob Witham, and Caring for Caregivers with Connie Rector.

5. The Closing Speaker was Dr. Ronald Dolon.

6. A number of providers-nursing homes, hospice, assisted living, and other organizations offered the attendees information and referrals at vendor tables.

7. Continuing Education Units (5) were offered through the MHA for Social Workers, Marriage and Family Therapists and Mental Health Counselors. Eight participants received CEU's.

8. There were 102 people in attendance, eleven professional presenters, 45 personal caregivers, and 46 professional caregivers.

9. Evaluation forms were given to each participant. Content of the presentations and their effectiveness, the registration process, refreshments, meals, information packets, and the facility were all judged. Conference objectives were also evaluated. The evaluations were tabulated at the wrap-up meeting of the 2001 Conference in March. Tabulations of all categories listed 98% as Excellent, 3% Good and 1% Fair. Some comments-limited time on session people really liked. The Keynote Speaker had all high points and had themost written comments. Participants had concerns about facility, directions, and publicity. Most felt it was a worthwhile conference. The overall evaluation of the Fourth Annual Henry County Area Alzheimer's Conference should be deemed a successful conference.

10. The committee members had several observations about the conference. It remained a concern that the attendance of personal caregivers was not as great as anticipated. Some members were concerned about the location and if it was accessible enough, as well as the cost effectiveness of the first bulk mailing at a cost of nearly $1,000.

11. Duplication of this project in other areas of the state is highly recommended. While the state conference is mainly geared to the professional, this conference is designed to enable the personal caregiver. The MHA in Henry County enlisted the aid of the surrounding MHA's to bring awareness to their areas and help promote the conference, along with the inaugural committee. Plans are already in process for the Fifth Annual Henry County Area Alzheimer's Conference with major funding provided by the Henry CountyCommunity Foundation, and other resources.

IV. PROJECT CATEGORY - STUDY OF VIOLENT BEHAVIOR OF PERSONS WITH DEMENTIA RESIDING IN NURSING HOMES

ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION OF CENTRAL INDIANA, INC.
FUNDING AMOUNT $29,197
PROJECT SUMMARY: The purpose of this project was to study of aggressive and potentially harmful behavior among long-term care residents pursuant to Senate Concurrent Resolution 18.

1. It was found that data is limited on the incidence and degree of harm caused by resident aggression.
2. While the initial focus of the study was on aggressive behavior among nursing home residents toward other residents, it was found, in literature and practice, that equal concern about aggressive behavior of residents toward staff and family members in a variety of settings(including home care, assisted living, adult day service settings, and so on) was also an issue. The problem of aggressive behavior concerns not only family members of victims, but also family members caring for aggressive loved ones, direct care staff, and administrators subject to liability and occupational health and safety (OSHA) issues.

3. Moreover, while the Working Group initially focused on aggressive behavior among nursing home residents with Alzheimer's disease and other forms of dementia, it eventually recognized that aggressive behavior is a problem among a larger pool of nursing home residents, including residents with mental illness, co-occuring mental illness and dementia, physical health problems such as urinary tract infections, pain, and a history of violent or criminal behavior.

4. The Indiana State Department of Health (ISDH) conducts annual surveys of the 600+Indiana long-term care facilities and investigates complaints from the public. ISDH reports that:

A. During the most recent six-month period (12-1-01 to 5-16-02) ISDH received 11 complaints from the public of resident-to-resident abuse.

B. During the same six-month period long-term care facilities reported to ISDH 571 incidents of resident-to-resident abuse (of about 5,000 incidents reported by long term care facilities.

5. The Office of Medicaid Policy and Planning (OMPP) provided very useful data from the Minimum Data Set (MDS), an assessment tool use by long-term care facilities pursuant to federal guidelines.

A. It shows that aggressive behavior is an important problem but it is not widespread. While 29% of the nursing home population displayed one or more behavioral symptoms (wandering, verbal abuse, physical abuse, inappropriate/disruptive behavior, or resisting care), only 5% (n=2,134) displayed physically aggressive behavior and a lesser proportion displayed physically abusive behavior that was difficult to change (3%)(n=1,276).

B. MDS data indicate that only a portion of physically aggressive residents are cognitively impaired (60-94%depending on the degree of cognitive impairment counted) and only a portion of these have Alzheimer's disease.

6. Studies indicate that aggressive behavior is associated with a variety of factors, including but not limited to dementia:

A. Factors related to residents include:

1. Previous history of violent/criminal record
2. Untreated pain or other discomfort
3. Medical conditions, such as urinary tract infections
4. Depression, other mental illness, co-occurring disorders
5. Males
6. Mid to late stage Alzheimer's disease
7. Other forms of dementia not related to Alzheimer's, such as head injury and alcoholism (younger and stronger residents with other dementias sometimes are placed in special care units for behavior management)
8. Provocation by other residents and caregivers, often during assistance with Activities of Daily Living (ADLs)

B. Factors related to facilities and the overall delivery system include:

1. Insufficient training on dementia and behavior management for professionals caring for geriatric population (physicians, nurses, aides, etc); insufficient use of behavior management techniques (environmen tal changes, acceptance)
2. Inadequate use and training in proper use of medications
3. Inadequate supply of caregivers specially trained in geriatrics, ranging from aides to nurses to social workers to physicians; not enough staff
4. Beyond dementia, large numbers of nursing home residents with mental health needs contributing to aggressive behavior
5. Insufficient early assessment and treatment of behavioral and mental health conditions, especially for residents excluded from pre admission screening & resident (PASRR)) due to the federal dementia exclusion
6. Lack of awareness of reimbursement options available in Indiana for mental health services
7. Shortage of geriatric mental health professionals in nursing homes, in private practice, and in community mental health centers
8. Lack of highly specialized "Facilities of Last Resort" for treating behavioral disorders
9. Limitations in reimbursement and regulation of dementia care in special care units
10. Limitations in criminal justice and adult protective systems

7. Many of the factors contributing to aggressive behavior can be addressed in order to prevent and minimize aggression. The Indiana Working Group recommends strategies including the following:

A. Make greater use of behavior management techniques to minimize the majority of behavioral symptoms, including physical aggression

B. Provide more training for caregivers (ranging from aides to physicians) in use of behavior management techniques

C. Provide more training in proper treatment protocols including drug treatment

D. Ensure that appropriate medications/protocols are included on the preferred drug list under development by the Drug Utilization Review Board

E. Increase the supply of health professionals with geriatric training, including aides, LPNs, RNs, nurse practitioners, advanced practice nurses, social workers, mental health practitioners, and physicians.

F. Refer human resource needs to the Governor's Commission on Caregivers for the Continuum, a group already

working on human resource issues.

G. Ensure early assessment and treatment of mental health conditions, notably co-occurring dementia and depression; help facilities locate mental health providers.

H. Educate families and providers about the availability of Medicaid, Medicare and other reimbursement for delivering mental health services to long term care residents

I. Expand the pool of mental health professionals, especially those cross trained to provide geriatric services

J. Encourage community mental health centers to provide geriatric services; market centers that currently offer such services

K. Bring care on site rather than move or transfer patients

L. Involve regulators, such as the Indiana State Department of Health, in collaborating on solutions, with ongoing training on dementia, behavior management, documentation needs, treatment/drug protocols, mental health screening, etc.

M. Create several highly specialized nursing “facilities of last resort” to treat the most difficult behaviors (less than 1,000 people) and to provide technical assistance to other care providers.

N. Consider findings from a previous FSSA study acknowledging the need for additional reimbursement of special care units under certain conditions; consider a similar study for all residents with behavior symptoms, with and without dementia.

O. Consider other criminal justice and adult protective services system changes to address violent behavior among elderly persons supervised and not supervised by the courts.

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